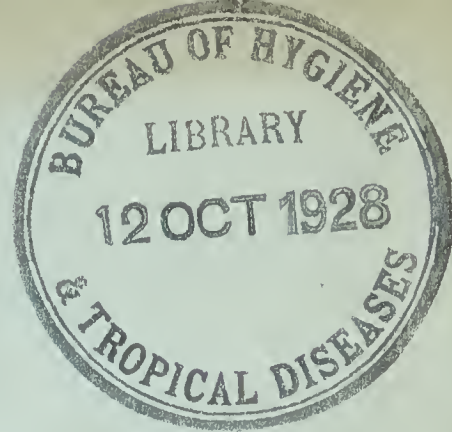


AC 4491  
COUNTY COUNCIL OF SALOP.



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# ANNUAL REPORT

FOR

1927

BY THE

Acting County Medical Officer of Health.

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WILLIAM TAYLOR, M.D., D.P.H.

SHREWSBURY,  
*September, 1928.*





*To the Chairman and Members of the Public Health and Housing  
Committee of the Salop County Council.*

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GENTLEMEN,

As Acting Medical Officer of Health to the Salop County Council,  
I have the honour to present the Annual Report for 1927.

The work for the whole of the year having been carried out under  
the supervision and guidance of the late Dr. Wheatley, the report has been  
drawn up along the same general lines as its predecessors, continuity of record,  
as far as possible, thereby being maintained. A small section dealing with  
the work entailed by the administration of the Mental Deficiency Acts has,  
however, been introduced.

No new schemes have been initiated during the year, but those  
already in force have been further developed and extended.

I am, Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR.

*College Hill House,  
Shrewsbury,  
September, 1928.*

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) of Administrative County	..	..	..	..	..	..	858,277
Population (Census 1921)	..	..	..	..	..	..	242,959
Estimated Population (1927) for Births	..	..	..	..	..	..	245,000
for Deaths	..	..	..	..	..	..	244,300
Number of Inhabited Houses (1921)	..	..	..	..	..	..	55,113
Number of Families or separate Occupiers	..	..	..	..	..	..	55,878
Rateable Value	..	..	..	..	..	..	£1,896,187
Assessable Value	..	..	..	..	..	..	£1,319,461
Sum represented by a Penny Rate	{ Rateable Value .. .. £7,900 15 7 Assessable Value .. .. £5,497 11 7						

## POPULATION.

Below are given particulars of the population of the County at the time of the last three census returns, and the Registrar-General's estimate of the population at the middle of 1927 and the two preceding years:—

1901 (Census)	..	..	239,783	1925 (Estimated)	..	246,000
1911	..	..	246,307	1926	..	244,300
1921	..	..	242,959	1927	..	244,300

Below are given particulars of the population of the Urban and Rural Districts as estimated at the middle of 1927 by the Registrar-General. The census population for 1921 is given alongside for purposes of comparison:—

URBAN DISTRICTS.			RURAL DISTRICTS.		
	Estimated Population 1927.	Census Population 1921.		Estimated Population 1927.	Census Population 1921.
Bishop's Castle M.B.	1264	1268	Atcham	22690	21978
Bridgnorth M.B.	4860	5143	Bridgnorth	8380	8569
Church Stretton	1758	1671	Burford	1261	1268
Dawley	7307	7386	Chirbury	3203	3193
Ellesmere	1861	1831	Church Stretton	4459	4516
Ludlow M.B.	5172	5677	Cleobury Mortimer	7443	7297
Market Drayton	4611	4710	Clun	6385	6243
Newport	2982	3056	Drayton	7440	7156
Oakengates	11490	11349	Ellesmere	7906	8008
Oswestry M.B.	10080	9790	Ludlow	8854	8980
Shrewsbury M.B.	32080†	31013	Newport	5639	5747
Wellington	8110	8148	Oswestry	16500	16313
Wem	2184	2176	Shifnal	7534	7666*
Wenlock M.B.	13590	13712	Teme	1672	1649
Whitchurch	5651	5656	Wellington	11120	11207
			Wem	8679	8572
			Whitchurch	2135	2011

† For birth-rate 32,780.

\* To this number must be added the population of the Staffordshire parishes of Blymhill and Weston administered by the Shifnal Rural District Council. The population of these parishes at the 1921 Census was 689, making a total of 8,355 for the Rural District.

TABLE I.  
CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1927--RURAL DISTRICTS

CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS																																				
Causes of Death.	Atcham R.D. 08		Bridgnorth R.D. 09		Burford R.D. 18		Chirbury R.D. 19		Church Stretton R.D. 28		CleoburyMor- timer R.D. 29		Clun R.D. 38		Drayton R.D. 39		Ellesmere R.D. 48		Ludlow R.D. 49		Newport R.D. 58		Oswestry R.D. 59		Shifnal R.D. 68		Teme R.D. 69		Wellington R.D. 78		Wem R.D. 79		Whitchurch R.D. 88		Total R.D.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
ALL CAUSES .. .. .	137	128	60	47	8	11	25	28	29	32	40	36	48	43	57	47	46	32	69	42	32	43	99	95	42	40	6	7	78	81	43	34	9	13	828	759
1 Enteric fever .. .. .	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
2 Small-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	
3 Measles .. .. .	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	..	..	..	..	..	4	
4 Scarlet fever .. .. .	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	1	1	..	..	..	..	4	
5 Whooping Cough .. .. .	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	5	
6 Diphtheria .. .. .	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	2	..	..	..	..	..	..	2	..	..	2	3	3	3	..	2	45	
7 Influenza .. .. .	7	5	5	3	..	1	..	3	1	3	4	4	5	7	2	5	2	1	5	3	1	8	6	4	2	..	..	..	1	..	..	..	..	..	1	
8 Encephalitis lethargica .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	
9 Meningococcal meningitis .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
10 Tuberculosis of respiratory system .. .. .	7	5	1	1	..	..	1	..	2	..	3	3	..	1	2	2	1	1	..	2	1	2	5	7	2	1	..	1	5	5	1	..	..	..	31	
11 Other tuberculous diseases .. .. .	..	3	1	..	..	..	1	..	1	..	1	..	1	..	3	..	..	1	..	..	1	..	2	1	1	1	..	1	1	..	1	..	..	..	14	
12 Cancer, malignant disease .. .. .	15	21	3	7	..	5	5	3	1	9	2	3	3	6	6	7	5	5	7	8	4	6	9	16	1	9	..	1	4	9	8	9	2	1	75	
13 Rheumatic fever .. .. .	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	2	
14 Diabetes .. .. .	2	..	1	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	1	3	..	..	1	2	59	
15 Cerebral hæmorrhage, &c. .. .. .	7	17	4	2	..	..	3	2	4	2	3	3	7	2	5	5	3	3	4	2	1	3	8	7	3	3	..	..	4	6	2	..	1	2	124	
16 Heart disease .. .. .	29	15	6	6	3	2	1	8	2	1	5	8	8	6	6	5	9	6	8	5	2	7	18	15	12	10	2	2	6	16	7	7	..	2	38	
17 Arterio-sclerosis .. .. .	5	8	1	1	..	..	1	..	..	2	2	..	2	3	5	2	2	..	3	2	1	2	7	7	1	..	..	..	6	6	1	1	..	..	40	
18 Bronchitis .. .. .	6	9	2	1	..	1	2	2	3	4	1	4	2	2	2	4	1	1	3	3	5	3	4	..	1	3	..	..	6	2	2	4	..	..	55	
19 Pneumonia (all forms) .. .. .	5	3	6	2	1	..	1	1	1	2	3	3	7	1	4	1	2	1	4	2	2	..	2	1	..	1	..	..	1	4	1	..	1	10		
20 Other respiratory diseases .. .. .	2	..	..	1	..	..	..	..	1	..	..	..	..	2	2	..	1	..	2	..	..	2	..	1	..	..	..	..	..	1	..	..	..	9		
21 Ulcer of stomach or duodenum .. .. .	1	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1		
22 Diarrhoea, &c. (under 2 years) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	..	..	..	..	4	
23 Appendicitis and typhlitis .. .. .	1	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	3	1	..	1	..	..	..	..	1	..	..	..	..	5	
24 Cirrhosis of liver .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	..	7	4	2	1	1	2	3	..	..	1	1	2	1	..	..	27		
25 Acute and chronic nephritis .. .. .	3	2	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	
26 Puerperal sepsis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	
27 Other accidents and diseases of pregnancy and parturition .. .. .	..	1	..	..	..	..	..	2	..	..	..	..	..	1	..	..	..	2	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	7	
28 Congenital debility and mal-formation, premature birth .. .. .	3	5	7	2	..	..	1	1	..	1	1	..	2	1	3	3	2	1	7	3	1	1	8	8	1	1	..	..	2	..	1	1	1	..	40	
29 Suicide .. .. .	1	1	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	8	
30 Other deaths from violence .. .. .	12	1	4	1	..	..	..	1	1	1	..	1	3	..	1	..	4	..	4	..	..	..	5	3	2	..	2	..	6	3	2	1	..	..	46	
31 Other defined diseases .. .. .	26	26	12	15	4	2	8	3	7	7	7	6	7	10	14	9	10	9	11	8	8	7	8	13	6	6	1	1	19	17	7	5	4	2	159	
32 Causes ill-defined or unknown .. .. .	1	..	..	..	..	..	..	1	3	..	1	..	1	..	..	..	1	..	..	..	1	..														



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TABLE I.  
CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1927—URBAN DISTRICTS.

Causes of Death.	Shrewsbury M.B. 02		Bishop's Castle M.B. 04		Bridgnorth M.B. 05		Church Stretton U.D. 06		Dawley U.D. 07		Ellesmere. U.D. 14		Ludlow M.B. 15		Market Drayton U.D. 35		Newport U.D. 16		Oakengates U.D. 17		Oswestry M.B. 24		Wellington U.D. 25		Wem. U.D. 26		Wenlock M.B. 27		Whitchurch U.D. 34		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
ALL CAUSES .. .. .	219	207	13	13	43	31	9	20	40	34	15	13	37	40	44	33	25	19	79	78	51	76	48	50	20	18	87	95	38	38	768	765	
1 Enteric Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
2 Small-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
3 Measles .. .. .	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	3	3		
4 Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	..	..	..	..	..	2	3		
5 Whooping Cough .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	1		
6 Diphtheria .. .. .	..	1	..	..	..	..	..	..	1	..	..	..	1	1	..	..	..	..	..	..	1	1	..	..	..	..	..	1	..	2	4		
7 Influenza .. .. .	11	11	2	1	2	3	..	3	..	1	1	2	1	1	1	..	..	..	7	5	2	1	2	3	1	5	6	6	..	1	36	43	
8 Encephalitis lethargica .. .. .	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1	2	..	..	..	1	..	..	..	..	..	3	3		
9 Meningococcal meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10 Tuberculosis of respiratory system .. .. .	8	8	..	1	2	1	1	1	1	1	..	..	..	4	1	1	2	..	5	4	5	3	3	4	1	..	5	2	2	1	36	31	
11 Other tuberculous diseases .. .. .	2	4	..	..	1	1	..	..	..	1	..	..	1	1	1	1	..	..	1	..	1	2	4	1	..	..	..	1	..	..	11	12	
12 Cancer, malignant disease .. .. .	22	33	..	2	4	6	..	1	3	5	3	2	8	3	3	7	2	2	8	14	3	15	4	5	2	4	11	16	6	8	79	123	
13 Rheumatic fever .. .. .	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	..	
14 Diabetes .. .. .	2	2	..	..	3	..	..	1	..	..	1	..	..	1	..	..	1	..	1	..	..	..	..	..	..	1	1	3	2	..	9	10	
15 Cerebral haemorrhage, &c. .. .. .	16	12	1	1	4	2	3	3	4	6	..	..	1	5	4	3	..	5	6	4	4	12	3	7	1	1	10	9	1	7	58	77	
16 Heart Disease .. .. .	45	39	2	3	5	4	..	1	6	6	3	1	9	5	12	4	3	1	7	11	8	12	8	5	3	3	10	13	3	5	124	113	
17 Arterio-sclerosis .. .. .	10	6	2	1	2	..	1	..	2	3	..	..	..	1	..	1	4	1	1	1	5	4	3	1	1	..	4	4	1	2	36	25	
18 Bronchitis .. .. .	17	8	..	..	..	..	..	..	8	3	..	..	1	1	7	5	3	1	7	6	..	1	..	3	..	1	7	3	4	2	54	34	
19 Pneumonia (all forms) .. .. .	15	11	..	..	2	1	1	..	5	2	1	..	2	1	2	..	4	2	4	3	1	3	4	2	1	1	3	6	3	..	48	32	
20 Other respiratory diseases .. .. .	3	6	..	..	..	..	..	..	..	..	2	..	..	..	3	..	1	1	1	1	..	..	1	..	..	..	1	1	..	1	6	15	
21 Ulcer of stomach or duodenum .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	1	1	2	1	..	..	..	..	..	..	..	..	6	4	
22 Diarrhoea, &c. (under 2 years) .. .. .	2	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	5	2	
23 Appendicitis and typhlitis .. .. .	..	2	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	2	4	
24 Cirrhosis of liver .. .. .	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	2	1	2	..	..	..	..	1	..	6	3		
25 Acute and chronic nephritis .. .. .	7	8	..	2	3	4	..	1	1	1	..	..	..	..	..	..	1	..	4	4	3	6	2	1	..	2	3	6	1	..	25	35	
26 Puerperal sepsis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
27 Other accidents and diseases of pregnancy and parturition .. .. .	..	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	7	..	
28 Congenital debility and mal- formation, premature birth .. .. .	8	9	..	..	1	..	1	1	1	2	..	1	..	..	2	1	1	..	2	1	3	1	1	..	1	..	3	2	3	..	27	18	
29 Suicide .. .. .	5	..	..	..	1	..	..	..	1	..	..	..	1	..	2	..	..	..	2	..	1	1	..	2	2	..	1	..	..	16	3	..	
30 Other deaths from violence .. .. .	14	6	2	..	3	..	..	2	..	1	2	..	1	..	1	1	1	1	5	1	..	..	..	..	..	..	1	1	1	1	31	14	
31 Other defined diseases .. .. .	30	33	3	2	8	9	2	4	4	2	4	4	9	15	6	2	2	3	17	13	6	10	10	13	7	..	19	19	9	8	136	137	
32 Causes ill-defined or unknown .. .. .	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	2	..	..	..	1	1	1	..	..	..	2	..	1	1	7	5	..
Special Causes (included above)																																	
Poliomyelitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Polioencephalitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Deaths of infants under 1 year—																																	
Total .. .. .	14	12	1	..	4	1	1	1	3	2	..	1	1	1	5	3	1	..	6	8	5	1	5	1	1	..	2	3	3	..	52	34	
Illegitimate .. .. .	1	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	4	3	..	
TOTAL BIRTHS .. .. .	307	291	17	9	28	34	9	6	56	79	13	20	41	36	40	42	26	25	99	89	94	69	53	51	18	15	110	121	45	46	956	933	
Legitimate .. .. .	289	271	17	9	28	33	8	6	51	76	12	18	38	35	37	36	25	24	90	86	86	68	51	49	17	11	103	118	42	44	894	884	
Illegitimate .. .. .	18	20																															



TABLE II.  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF SALOP, 1927.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.											AGGREGATE OF RURAL DISTRICTS.										
		All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—		
ALL CAUSES .. .. .	M. F.	768 765	52 34	16 12	22 19	12 11	31 26	72 65	186 165	185 165	192 268	828 759	68 46	13 10	18 8	23 11	26 20	62 67	186 169	211 150	221 278		
1 Enteric Fever .. .. .	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	1 ..	.. ..		
2 Small-pox .. .. .	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..		
3 Measles .. .. .	M. F.	3 3	2 ..	.. 1	1 1	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	4 3	.. ..	1 2	2 1	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..		
4 Scarlet Fever .. .. .	M. F.	.. 3	.. ..	1 1	.. ..	2 ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 2	.. ..	.. ..	1 1	3 1	1 ..	.. ..	.. ..	.. ..	.. ..		
5 Whooping Cough .. .. .	M. F.	2 1	1 ..	1 ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 2	2 ..	2 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..		
6 Diphtheria .. .. .	M. F.	2 4	.. ..	.. ..	1 4	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	5 1	.. ..	1 ..	2 1	2 ..	.. ..	.. ..	.. ..	.. ..	.. ..		
7 Influenza .. .. .	M. F.	36 43	4 ..	.. ..	.. 1	.. 2	1 ..	4 1	7 10	8 13	12 16	45 57	1 2	2 1	.. ..	.. 2	.. ..	4 5	15 10	11 17	12 20		
8 Encephalitis lethargica .. .. .	M. F.	3 3	1 ..	.. ..	.. ..	1 ..	.. ..	.. 1	1 1	1 1	.. ..	1 1	.. ..	.. ..	.. 1	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..		
9 Meningococcal meningitis .. .. .	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..		
10 Tuberculosis of Respiratory system .. .. .	M. F.	36 31	.. ..	.. ..	.. ..	.. ..	6 9	21 13	8 8	.. 1	1 ..	31 31	.. ..	.. ..	.. ..	.. ..	6 11	15 16	7 4	1 ..	2 ..		
11 Other tuberculous diseases .. .. .	M. F.	11 12	.. ..	.. 1	2 3	2 1	4 3	2 ..	1 4	.. ..	.. ..	14 7	2 ..	.. ..	3 ..	2 2	2 2	1 1	3 1	1 ..	.. 1		
12 Cancer, malignant disease .. .. .	M. F.	79 123	.. ..	.. ..	.. ..	.. ..	.. ..	3 9	28 48	32 38	16 28	75 125	.. ..	.. ..	.. ..	.. ..	.. 1	2 9	27 54	28 30	18 31		
13 Rheumatic Fever .. .. .	M. F.	.. 3	.. ..	.. ..	.. ..	1 1	1 1	1 1	.. ..	.. ..	.. ..	2 2	.. ..	.. ..	1 ..	2 ..	.. ..	.. ..	.. ..	1 1	.. ..		
14 Diabetes .. .. .	M. F.	9 10	.. ..	.. ..	.. ..	1 ..	.. ..	1 2	2 1	2 4	3 3	6 7	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	2 5	2 1	1 1		
15 Cerebral Haemorrhage, &c. .. .. .	M. F.	58 77	.. ..	.. ..	1 ..	.. ..	.. ..	.. 4	18 16	20 17	19 40	59 59	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	10 14	30 15	18 30		
16 Heart disease .. .. .	M. F.	124 113	.. ..	.. ..	.. ..	.. ..	3 1	7 3	34 25	49 35	31 49	124 121	.. ..	.. ..	.. ..	1 2	1 ..	4 4	35 26	45 29	38 60		
17 Arterio-sclerosis .. .. .	M. F.	36 25	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	8 7	11 9	17 9	38 34	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	5 3	13 15	20 16		
18 Bronchitis .. .. .	M. F.	54 34	1 3	2 2	1 1	.. ..	.. ..	1 ..	10 3	11 5	28 20	40 43	4 ..	1 ..	.. ..	.. ..	.. ..	1 2	4 1	10 6	20 34		
19 Pneumonia (all forms) .. .. .	M. F.	48 32	6 6	9 6	7 3	1 ..	1 1	5 5	7 2	8 3	4 6	55 30	7 3	3 2	3 2	3 1	4 ..	6 4	11 7	11 4	7 7		
20 Other Respiratory Diseases .. .. .	M. F.	6 15	.. 1	.. ..	.. ..	.. ..	.. ..	1 4	4 5	.. 2	1 3	10 12	.. ..	.. ..	.. ..	2 ..	.. 1	1 2	3 6	2 2	2 1		
21 Ulcer of stomach or duodenum .. .. .	M. F.	6 4	.. ..	.. ..	.. ..	.. ..	.. 1	1 2	5 ..	.. 1	.. ..	9 3	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	5 2	1 ..	2 1		
22 Diarrhoea, &c. .. .. .	M. F.	7 6	4 2	1 ..	1 1	.. ..	.. ..	.. ..	.. ..	1 2	.. 1	3 2	1 ..	.. ..	1 1	.. ..	.. ..	.. ..	1 ..	.. ..	.. 1		
23 Appendicitis and typhlitis .. .. .	M. F.	2 4	.. ..	.. ..	.. 1	.. 2	.. ..	1 1	.. ..	.. ..	1 ..	4 4	.. ..	.. ..	1 ..	.. ..	1 1	1 2	.. ..	1 1	.. ..		
24 Cirrhosis of liver .. .. .	M. F.	6 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 2	1 1	1 ..	5 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 3	1 ..	1 ..		
25 Acute and chronic nephritis .. .. .	M. F.	25 35	.. ..	.. ..	.. ..	.. ..	1 1	3 3	6 12	12 9	3 10	27 13	.. ..	.. ..	.. ..	.. ..	1 ..	4 1	10 5	6 4	6 3		
26 Puerperal sepsis .. .. .	M. F.	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	.. ..	.. ..	.. ..	.. 2	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	.. ..	.. ..	.. ..		
27 Other accidents and diseases of pregnancy and parturition .. .. .	M. F.	.. 7	.. ..	.. ..	.. ..	.. ..	.. 3	.. 4	.. ..	.. ..	.. ..	.. 7	.. ..	.. ..	.. ..	.. 1	.. 5	.. 1	.. ..	.. ..	.. ..		
28 Congenital debility and mal-formation, premature birth .. .. .	M. F.	27 18	24 16	1 ..	.. ..	1 1	.. ..	1 ..	.. 1	.. ..	.. ..	40 28	38 28	1 ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..		
29 Suicide .. .. .	M. F.	16 3	.. ..	.. ..	.. ..	.. ..	1 1	2 1	10 ..	2 ..	1 1	8 1	.. ..	.. ..	.. ..	.. ..	2 ..	4 1	2 ..	.. ..	.. ..		
30 Other deaths from violence .. .. .	M. F.	31 14	.. 2	.. ..	3 1	1 1	8 1	9 2	3 1	4 1	3 5	46 12	.. 1	.. 3	3 ..	2 ..	5 ..	10 2	12 1	9 2	5 3		
31 Other defined diseases .. .. .	M. F.	134 133	8 4	2 1	5 2	4 ..	6 2	10 7	26 18	22 22	51 77	157 144	13 12	2 ..	2 1	5 2	3 3	9 12	21 23	34 22	68 69		
32 Causes ill-defined or unknown .. .. .	M. F.	7 5	1 ..	.. ..	.. ..	.. ..	.. 2	.. 1	4 1	2 1	.. ..	11 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	7 1	3 ..	1 ..		



*Marriages.*—The number of marriages in the Registration County during the year was 1,994, an increase of 180 over 1926, and the largest number recorded since 1921. The figures are as follows:—

<i>Year.</i>	<i>Marriages.</i>	<i>Year.</i>	<i>Marriages.</i>
1920	2440	1924	1930
1921	2050	1925	1895
1922	1879	1926	1814
1923	1883	1927	1994

### BIRTHS AND DEATHS.

The number of births and deaths, with birth-rates and death-rates, for each year since 1913 is as follows:—

<i>Year.</i>	<i>Births.</i>	<i>Birth-rates.</i>	<i>Deaths.</i>	<i>Death-rates.</i>	<i>Natural Increase of population.</i>
1913	5245	21.1	3012	12.1	2233
1914	5205	20.88	3556	14.26	1649
1915	4917	19.67	3532	15.19	1385
1916	4682	18.99	3231	14.26	1451
1917	4059	16.63	3232	14.12	827
1918	4283	17.73	3702	17.18	581
1919	4264	17.73	3441	14.91	823
1920	5943	24.73	2952	12.3	2991
1921	5318	21.88	3000	12.34	2318
1922	4904	20.1	3295	13.5	1609
1923	4900	19.95	3046	12.4	1854
1924	4622	18.7	3102	12.5	1520
1925	4469	18.1	2924	11.8	1545
1926	4479	18.27	2927	11.98	1552
1927	4179	17.06	3120	12.77	1059

Below are particulars of the births, legitimate and illegitimate, for the year:—

			<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rates.</i>	
All infants	4179	Legitimate	2,020	1,893	3,913	15.97	17.06
		Illegitimate	146	120	266	1.09	

Details of the birth-rates and death-rates of each of the sanitary districts for the year 1927 are shown in the following table:—

<i>Urban Districts.</i>			<i>Birth-rates.</i>	<i>Death-rates.</i>	<i>Rural Districts.</i>			<i>Birth-rates.</i>	<i>Death-rates.</i>
Bishop's Castle	..	..	20.5	20.2	Atcham	..	..	17.2	11.7
Bridgnorth	..	..	12.7	15.2	Bridgnorth	..	..	20.9	12.7
Church Stretton	..	..	8.5	16.5	Burford	..	..	12.7	15.0
Dawley	..	..	18.5	10.1	Chirbury	..	..	15.6	16.5
Ellesmere	..	..	17.7	15.0	Church Stretton	..	..	15.9	13.7
Ludlow	..	..	14.9	14.9	Cleobury Mortimer	..	..	16.6	10.2
Market Drayton	..	..	17.8	16.7	Clun	..	..	18.1	14.2
Newport	..	..	17.1	14.7	Drayton	..	..	20.4	14.0
Oakengates	..	..	16.3	13.6	Ellesmere	..	..	15.2	9.8
Oswestry	..	..	16.2	12.6	Ludlow	..	..	19.3	12.5
Shrewsbury	..	..	18.2	13.3	Newport	..	..	14.0	13.3
Wellington	..	..	12.8	12.1	Oswestry	..	..	17.7	11.7
Wem	..	..	15.1	17.4	Shifnal	..	..	17.6	10.9
Wenlock	..	..	17.0	13.4	Teme	..	..	16.1	7.8
Whitchurch	..	..	16.1	13.4	Wellington	..	..	16.5	14.3
					Wem	..	..	15.9	8.9
					Whitchurch	..	..	22.9	10.3
TOTAL	..	..	16.6	13.5	TOTAL	..	..	17.4	12.1

It will be noted that a comparison of the years 1926 and 1927 shows a decline in the birth-rate of 1.21, combined with an increase in the death-rate of 0.79.

The birth-rate for England and Wales shows a reduction of 1.1, this reduction being slightly less than that for Shropshire. While the death-rate for England and Wales shows an increase of 0.7, this is slightly less than that for this County. In these respects, therefore, Shropshire compares rather unfavourably with the country as a whole.

Reference to Table II. gives the causes of death in the Administrative County in detail, but the chief of these have been summarised below :—

	1927	1926
Heart Disease .. ..	482	499
Congenital Debility ..	113	122
Pulmonary Tuberculosis ..	129	138
Other forms of Tuberculosis	44	37
Cancer, Malignant Disease	402	362
Influenza .. .. .	181	70
Bronchitis .. .. .	171	165
Cerebral Haemorrhage ..	253	250
Pneumonia .. .. .	165	153
Arterio-sclerosis .. ..	133	129

There is a decrease in the number of deaths due to the first three causes given in the above table, but the remaining causes show an increase to a varying degree.

It is noteworthy that, while there is a decrease in the number of deaths due to pulmonary tuberculosis, there is an increase in the number of those due to other forms of this disease ; but the total deaths from tuberculosis is less than for 1926.

The rise in the death-rate for the year is largely accounted for by the increase in the deaths from influenza and cancer. Only deaths from heart disease, which, however, show a decrease, exceed in number those due to cancer, the increase in the number of deaths from which is now an almost yearly phenomenon,

#### DEATH-RATES FROM CANCER.

Year.	County of Salop.	England and Wales.	Year.	County of Salop.	England and Wales.
1894-1905	.978	.816	1917	1.35	*1.210
1906	1.019	.917	1918	1.55	*1.218
1907	1.013	.909	1919	1.39	1.145
1908	1.082	.909	1920	1.27	1.161
1909	1.159	.952	1921	1.28	1.215
1910	1.195	.967	1922	1.42	1.229
1911	1.07	.993	1923	1.50	1.267
1912	1.08	1.019	1924	1.24	1.297
1913	1.18	1.064	1925	1.44	1.336
1914	1.22	1.069	1926	1.476	1.362
1915	1.23	*1.121	1927	1.645	1.376
1916	1.35	*1.166			

\* Civilians only.

While the prevalence of this disease has become a matter for the anxious consideration of public health authorities, no specific treatment has yet been discovered, and in order to combat the disease, chief reliance has to be placed on the provision of facilities for early diagnosis, that the aid of a surgeon may be called in at the earliest possible moment. Free transit is provided to the Royal Salop Infirmary for those in whose case the question of cancer has been raised, and who are unable to pay, that they may have the advantage of the additional means for diagnosis which the institution affords. Addresses are also given by the medical officers at the Welfare Centres in which, in addition to indicating the nature of the disease, the fact is also emphasized that, to begin with, it is a purely local condition.

The following table shows the position with regard to the chief matters referred to for each five-year period from 1901 to 1925, the years 1926 and 1927 being given separately. While there has been a continual decline in the infant mortality, this has been combined with a falling birth-rate; and against the continual decline in the death-rate from phthisis, must be set the steady increase in the death-rate from cancer.

AVERAGE OF YEARLY RATES FOR THE FIVE-YEAR PERIODS 1901—1925, AND FOR 1926 & 1927.

Periods.	Birth-rate.	Death-rate.	Infant Mortality Rate per 1,000 Births.	Death-rate from Phthisis.	Death-rate from Cancer.
1901—1905 ..	26.34	15.2	102	.938	1.025
1906—1910 ..	23.98	14.64	92	.948	1.093
1911—1915 ..	21.21	13.832	82	.804	1.156
1916—1920 ..	19.162	14.554	71	.808	1.382
1921—1925 ..	19.716	12.488	60	.614	1.374
1926 .. ..	18.27	11.98	54	.563	1.476
1927 .. ..	17.06	12.77	48	.528	1.645

Additional extracts from the vital statistics for the years 1926 and 1927 are:—

							1926.	1927.
Deaths of women dying in, or in consequence, of child birth: Total .. ..							22	17
From Sepsis .. ..							8	3
Other causes .. ..							14	14
Deaths from Measles (all ages) .. ..							4	13
,, Whooping Cough (all ages) .. ..							22	9
,, Diarrhoea (under 2 years of age) .. ..							13	8

#### INFANT MORTALITY.

Particulars of deaths under one year are as follows:—

All infants.			Male.	Female.	Total.	Rates.	
(1926)	242	{ Legitimate	122	92	214	50.8	} 54.03
		{ Illegitimate	13	15	28	105.7	
(1927)	200	{ Legitimate	104	71	175	44.7	} 47.86
		{ Illegitimate	16	9	25	94.0	

The infant mortality rate for illegitimate children is, for both years, more than twice as great as that for the legitimate. The illegitimate child, therefore, amongst his other disadvantages, has less than half the chance of survival of the legitimate child during the first few months of life.

The infant mortality rate, 48 per 1,000 births, is the lowest yet recorded, the previous lowest, 54 per 1,000, being that for 1926. In view of the falling birth-rate this is satisfactory, and compares favourably with that for England and Wales, which is 69 per 1,000 births. In the Rural and Urban Districts, individually, it is also less than for the Rural and Urban Districts of England and Wales. In 1926 Premature Births and Congenital Defects accounted for 50 per cent. of the deaths under one year, and now accounts for 53 per cent. of these deaths. While this is satisfactory, it is possible that with better ante-natal care and attention to the health of the mothers, the deaths from this cause could be considerably reduced. The chief cause of death in infants under one year was pneumonia.

CAUSES AND NUMBER OF DEATHS UNDER ONE YEAR.

[illegible]

Below are given particulars of the Infant Mortality rate since 1901 for each of the Sanitary Districts :—

URBAN DISTRICTS.	Average for years.				Rates for 1920	Rates for 1921	Rates for 1922.	Rates for 1923	Rates for 1924	Rates for 1925.	Rates for 1926.	Rates for 1927.
	1901 to 1906	1907 to 1914	1915 to 1919	1920 to 1924								
Bishop's Castle	86	100	105	34	33	32	0	182	0	34	50	38
Bridgnorth ..	106	116	104	70	78	73	47	62	85	95	39	80
Church Stretton	96	99	67	39	85	48	32	0	0	0	105	133
Dawley .. ..	112	97	77	64	78	93	43	41	62	85	51	37
Ellesmere ..	103	65	74	61	58	86	69	47	26	33	0	30
Ludlow .. ..	113	84	76	65	85	83	45	49	50	30	59	26
Market Drayton ..	..	..	119	89	76	85	111	85	91	77	48	97
Newport .. ..	117	80	81	50	69	66	31	34	41	18	41	19
Oakengates ..	138	104	87	73	58	92	69	59	94	57	82	74
Oswestry .. ..	102	101	96	65	54	74	22	74	95	46	68	36
Shrewsbury ..	126	102	74	61	65	84	47	62	46	77	63	43
Wellington ..	114	78	91	53	55	74	62	35	29	23	55	57
Wem .. .. .	93	87	47	78	102	135	47	51	54	97	36	30
Wenlock .. ..	102	85	71	58	69	52	74	33	55	65	55	21
Whitchurch ..	103	104	82	39	30	55	10	44	62	56	21	33
All Districts ..	112	96	82	63	65	78	52	54	59	62	58	45

RURAL DISTRICTS.	Average for years.				Rates for 1920	Rates for 1921	Rates for 1922	Rates for 1923	Rates for 1924	Rates for 1925.	Rates for 1926.	Rates for 1927.
	1901 to 1906	1907 to 1914	1915 to 1919	1920 to 1924								
Atcham .. ..	84	77	56	62	71	48	57	56	75	80	56	28
Bridgnorth ..	87	67	65	68	73	64	73	66	64	82	45	62
Burford .. ..	59	68	35	46	34	0	0	95	143	150	0	62
Chirbury .. ..	77	60	51	74	123	92	40	53	47	0	41	120
Church Stretton	97	80	75	65	76	77	35	77	53	82	65	14
Cleobury Mortimer ..	92	74	72	63	59	78	62	65	49	52	39	16
Clun .. .. .	100	72	95	57	33	52	78	78	48	32	36	59
Drayton .. ..	115	84	77	54	25	60	67	71	49	92	76	65
Ellesmere .. ..	92	84	73	57	54	37	85	67	39	48	106	33
Ludlow .. ..	91	69	59	62	81	35	81	55	59	38	31	64
Newport .. ..	106	96	97	79	96	79	88	48	73	80	19	76
Oswestry .. ..	96	87	83	68	76	70	62	69	57	58	45	81
Shifnal .. ..	94	76	52	40	36	21	49	42	49	9	33	22
Teme .. .. .	127	102	67	33	54	61	0	28	0	93	79	37
Wellington ..	102	83	74	64	79	71	48	85	31	69	46	49
Wem .. .. .	69	67	62	72	68	63	95	61	76	71	63	36
Whitchurch ..	61	58	69	48	76	22	62	29	42	29	77	40
All Districts ..	93	78	69	62	67	57	64	63	56	59	51	49

The Infant Mortality Rate for Market Drayton, which in 1926 was the lowest recorded since the formation of the Sanitary District in 1919, has unfortunately risen from 48 to 97.

The following is a quotation from the Annual Report for 1926 : “ Whether this improvement is likely to be permanent and due to the special efforts that have been made, or simply a temporary variation, remains to be seen.” This remark seems to have been abundantly justified, but reference to the above table will show that, when the infant mortality is averaged over a period of years, Market Drayton tends to fall into line with the rest of the County.

In Church Stretton Urban District the infant mortality is also high ; and in Church Stretton Rural District it is correspondingly low. It is also high in the Rural District of Chirbury. The smallness of the numbers concerned tends towards wide variations from year to year.

### INFECTIOUS DISEASE.

Exclusive of tuberculosis, which is considered separately, there was a large increase in the cases of notifiable infectious disease, the number being 1,406 in 1927, as opposed to 804 in 1926, an increase of more than 50 per cent. The number of cases of cerebro-spinal fever was the same ; there were two less both of encephalitis lethargica and erysipelas, and a fall of 53 in the cases of pneumonia. All other forms of notifiable infectious disease, if puerperal pyrexia and puerperal fever be considered together, showed an increase in number, sometimes to a very considerable extent. There were more than four times as many cases of enteric, but these numbers being comparatively small, twenty-five of which were in institutions, the increase in infectious disease has to be accounted for mainly in terms of scarlet fever and diphtheria. In 1926 there were 444 cases of scarlet fever, and 861 in 1927 ; while in 1926 there were 88 cases of diphtheria, and 189 in 1927. It will be apparent, therefore, that in the case of scarlet fever the number was nearly doubled, and in the case of diphtheria more than doubled.

Particulars of the cases of notifiable infectious disease are given in Table 1.

TABLE 1.  
RETURN OF INFECTIOUS DISEASES FOR THE YEAR 1927.

RURAL DISTRICTS.	Population Census 1921	SMALLPOX.	SCARLET FEVER.	DIPHTHERIA (including Membranous Group).	ENTERIC (Typhoid and Para- typhoid Fever).	5 PNEUMONIA.	6 PUERPERAL FEVER.	7 PUERPERAL PYREXIA.	8 CEREBRO-SPINAL FEVER.	9 ACUTE POLIOMYELITIS.	10 ENCEPHALITIS LETHARGICA.	11 OPHTHALMIA NEONATORUM.	12 ERYSIPELAS.	TUBER- CULOSIS.	
														RESPIRATORY	OTHER FORMS.
Atcham ..	21978	..	28	1	12	32	1	2	1	..	..	3	9	12	14
Bridgnorth ..	8569	..	9	3	..	9	1	2	..	..	..	..	1	3	2
Burford ..	1268	..	..	..	..	6	..	..	..	..	..	..	..	2	1
Chirbury ..	3193	..	2	..	..	2	..	..	..	..	..	1	..	2	1
Church Stretton ..	4516	..	7	..	..	..	..	2	..	..	..	1	..	2	1
Cleobury Mortimer ..	7297	..	7	3	..	5	1	..	..	1	..	..	..	3	3
Clun ..	6243	..	2	4	..	2	..	2	..	..	..	..	2	6	5
Drayton ..	7156	..	45	..	..	1	..	..	..	..	..	..	2	1	4
Ellesmere ..	8008	..	70	4	1	7	..	..	..	..	..	1	1	2	5
Ludlow ..	8980	..	6	6	..	2	3	..	..	1	..	..	1	4	2
Newport ..	5747	..	18	1	..	7	1	1	1	1	..	..	3	3	3
Oswestry ..	16313	..	70	35	13	..	..	1	..	1	..	8	..	12	7
Shifnal ..	7666	..	36	3	..	1	..	..	..	1	1	1	..	8	6
Teme ..	1649	..	2	..	..	1	..	..	..	..	..	..	4	2	1
Wellington ..	11207	..	85	12	1	21	..	2	..	..	1	2	..	6	5
Wem ..	8572	..	24	2	..	14	3	2	..	..	..	2	1	5	6
Whitchurch ..	2011	..	8	..	..	1	..	..	..	..	..	..	1	..	2
URBAN DISTRICTS.															
Bishop's Castle ..	1268	..	4	..	..	..	..	..	..	..	..	..	1	..	..
Bridgnorth ..	5143	..	7	..	..	1	..	..	..	..	3	..	3	6	3
Church Stretton ..	1671	..	4	1	..	..	..	..	..	..	..	..	..	2	..
Dawley ..	7386	..	32	28	..	10	2	2	..	1	1	1	..	11	7
Ellesmere ..	1831	..	6	1	..	..	..	1	..	..	..	1	1	1	..
Ludlow ..	5677	..	3	32	..	1	1	..	..	..	..	..	1	5	3
Market Drayton ..	4710	..	8	2	..	2	..	..	..	..	..	..	1	..	..
Newport ..	3056	..	8	..	..	5	..	1	..	..	..	2	3	2	5
Oakengates ..	11349	..	131	2	..	4	2	2	..	..	..	2	1	9	2
Oswestry ..	9790	..	35	35	..	12	3	7	..	..	2	5	1	13	7
Shrewsbury ..	31013	..	110	4	..	23	1	1	..	..	..	3	10	24	3
Wellington ..	8148	..	25	3	..	..	..	1	1	2	1	2	4	5	14
Wem ..	2176	..	1	..	..	..	..	1	..	..	..	..	1	..	10
Wenlock ..	13712	..	19	5	..	..	..	1	..	4	..	3	1	5	1
Whitchurch ..	5656	..	49	2	..	..	..	3	..	..	..	2	2	6	9
TOTAL ..	..	1	861	189	27	169	19	33	3	11	9	40	52	163	135

TABLE 2.  
CASES OF TYPHOID FEVER IN 1927.

Week of Notifica- tion. (1)	Sanitary District. (2)	Age. (3)	Widal's Reaction. (4)	Suspected source of infection. (5)	Number in household. (6)	Widal's Tests of other members of the household. (7)	Widal's Tests of other contacts. (8)	Bacteriological examination of excreta for freedom. (9)
Aug. 13 .. 27 .. Sept. 3 .. 3 .. 3 .. 17 .. 17 .. 17 .. Oct. 1 .. 8 .. Nov. 12 .. Dec. 10 ..	Atcham ..	25 56 45 33 28 49 18 43 28 48 8 50	Positive Para- typhoid B.	All these cases occurred in Salop Mental Hospital. A possible source of infection was found in a patient admitted some weeks prior to August who was found to give a positive Widal Reaction to Para. B.			Numerous Widal tests were made on contacts in the hospital wards.	In all cases.
July 28 ..	Ellesmere Rural ..	20		Returned home from Wrenbury ill. No local source suspected.	Four.	Not carried out		Yes.
Sept. 22 ..	Wellington Rural ..	18		A visitor from London, she was probably infected there, as a case was said to have occurred in her home.	Six.	No	No	No
Sept. 10 .. 10 .. 10 .. 10 .. 10 .. 14 .. 14 .. 16 .. 16 .. 16 ..	Oswestry Rural ..	13 14 14 11 14 17 17 20 19		All these cases occurred in the Shropshire Orthopaedic Hospital.				In all cases.
16 ..		22						
16 .. 16 .. 16 ..		15 16 14						

*Scarlet Fever and Diphtheria.*—It is worthy of note that, in the case of both these diseases, we have in the Schick and Dick tests a ready and easy, as well as a safe method, of ascertaining which are the susceptible individuals. The effectiveness of anti-diphtheritic serum, both as a means of treatment and as a prophylactic, is now too well known to need special mention ; but recent work has shown that the use of serum from immunised horses is perhaps as effective a means of treating, and possibly also of preventing, scarlet fever.

While the use of serum is a means of controlling an outbreak, as well as of treating individual cases, the passive immunity produced is of short duration, and in order to prevent the spread of the disease it is necessary to induce active immunity by injecting the toxins of the organisms producing these forms of infectious disease. Unfortunately, in the case of diphtheria it takes from six weeks to six months to develop this immunity ; but in the case of scarlet fever active immunity can be produced in 24 days. We have thus an effective means of controlling and checking the spread of an outbreak of scarlet fever in a residential institution. The correct procedure is to Dick test all the inmates, which would indicate the susceptible individuals in twenty-four hours, immediately to passively immunise these by an injection of serum, and later to proceed to the production of the much more lasting active immunity. Such a method was adopted in the outbreak of scarlet fever in St. Oswald's School, Ellesmere, in which 54 cases of scarlet fever developed at intervals from January till June. After the production of active immunity in the latter month there were no further cases. The duration of the outbreak and the regularity with which cases continued to crop up, combined with the fact that during the vacation these ceased to develop among the boys, would seem to indicate that there had been a "carrier" amongst them.

While such methods are applicable to, and very effective in, institutions, the circumstances in which they could be applied to ordinary elementary schools are not so clear. It is reasonable to believe, however, that an intelligent application of the knowledge and methods we already have will ultimately lead to the comprehensive control of scarlet fever and diphtheria. This is the more likely, as recent work has shown that, by combining the prophylactic agents for scarlet fever and diphtheria, active immunity against both can be produced at the same time. By the use of serum in the treatment of scarlet fever the severity, and therefore the mortality, can be reduced, the development of complications can be prevented, the duration of the patient's stay in hospital can be shortened, and the reduction in the number of return cases can be counted on. The use of the Dick test provides a means of ascertaining the susceptible members of the household from which the patient comes, and they can be protected against the infection before he returns as a possible carrier of the disease.

*Enteric Fever.*—Table 2 gives particulars of the cases. Unless infection is spread by an infected water supply, which is now unusual in this country, or by contamination of the food, it is, as a rule, conveyed by close personal contact. It is very necessary that the excreta of a patient should be bacteriologically examined before he is declared free from infection ; and as a means of ascertaining the presence of possible carriers, blood tests should be carried out on other members of the household, their excreta also being examined if the result of the test is found to be positive.

*Measles.*—Attempts have been made to prevent outbreaks of measles by closing the schools for about a week, six or seven days after the occurrence of the first case, with the following results. :—

In 9 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect.

In 4 instances one or more cases occurred during the interval, and did not attend school till free from infection. As there was no further outbreak it is justifiable to conclude that closure was effective in checking the spread of the disease.

In 2 instances, cases occurred during the interval, but eventually further outbreaks occurred in school.

*Small Pox.*—A case of small pox was notified on August 4th at Allscott, near Wellington, amongst the workers of the Sugar Beet Factory. On notification the case was promptly removed to the Wellington Small-pox Hospital. Investigation showed that infection was contracted in Derbyshire, and that the man had been in contact with a large number of people whilst suffering from the disease ; consequently a large amount of work had to be undertaken to keep contacts under strict supervision.

## MATERNITY AND CHILD WELFARE.

The provision made for carrying out the Maternity and Child Welfare Scheme comes under the following headings :—

- (1) The administration of the Notification of Births Act.
- (2) The provision for medical, health visiting, and nursing services, including the nursing of measles, whooping cough, pneumonia and ophthalmia neonatorum.
- (3) The provision of maternity and child welfare centres.
- (4) The provision of orthopaedic treatment for children under five years of age.
- (5) The provision of a home for ailing babies.
- (6) The provision of maternity beds.
- (7) The promotion of a midwifery service throughout the County.
- (8) The provision of medical attendance when a midwife finds medical help necessary.
- (9) The supply of milk to nursing and expectant mothers, and children under three years of age.
- (10) The institutional treatment of the expectant mother suffering from venereal disease.\*
- (11) The payment for beds for unmarried mothers and their infants at existing hostels.
- (12) Arrangements with the Shrewsbury Eye Hospital for treatment of defects of eye, ear, throat, and nose.
- (13) The provision of a lecturer on hygiene, who is available for lecturing on child welfare.
- (14) Arrangements for the medical instruction and supervision of all health visitors.
- (15) The provision of a course of lectures to district nurses, health visitors and nurses.

\* This comes under the scheme for the prevention and treatment of Venereal Disease.

Under this scheme each child, as soon as notification of birth is received, is put under a system of supervision by whole or part-time health visitors till school-age is reached, when any further necessary supervision is carried out by the school nurses till the age of fourteen is attained. The child is, therefore, under continual supervision to a greater or less extent, from birth till the time of leaving school. The health visitor pays her first visit, as a rule, as soon as the midwife ceases to attend the mother, which is normally on the tenth day. The number and frequency of her visits is decided by the requirements and health of the child. Although each child is always visited at regular intervals, these visits are most frequent during the first year, when guidance and advice is most necessary for the mother. When any condition requiring medical advice develops, the mother is advised either to take her child to the nearest welfare centre, or to call in the services of her own doctor. By these means defects are treated from their commencement, thereby reducing to a minimum any damage to the health or physical fitness of the child which may ultimately develop. In addition, visits are paid regularly to expectant mothers, and they are encouraged to attend an ante-natal clinic at one of the welfare centres for examination and advice, especially if there is a history of still-births, difficult labour, or any other complication of pregnancy.

*Notification of Births.*—Supervision of the child is initiated by the receipt of the notification of birth from the midwife, doctor in attendance, parent or other person. The following are the particulars :—

Notifications of births by midwives .. .. .	2,929
“ “ “ medical practitioners .. .. .	479
Total notified .. .. .	3,408

As the total number of births registered (exclusive of the Borough of Shrewsbury) was 3,581, registration exceeded notification of births for the year by 183. Of these, 42 were either discovered by the health visitors or obtained from the registrar's returns. The person responsible for failure to notify was written to on each occasion.

The years 1926 and 1927 may be compared as follows :—

	1926	1927
Total births registered .. .. .	3,891	3,581
Total births notified or discovered .. .. .	3,859	3,450
Excess of births registered over births notified or discovered .. .. .	32	131

With a smaller number of registered births, there has been an increase in the number of failures to give notification during 1927, as compared with 1926. This is unsatisfactory, as it impairs the efficiency of the working of the child welfare scheme.

In the Borough of Shrewsbury 642 notifications were received, of which 599 were from midwives, 20 from doctors, 1 from doctors and midwives, 2 from parents, and 20 from registrars.

*Medical and Health Visiting Services.*—During the year there were five medical officers carrying out school and maternity and child welfare work. In addition to attendance at child welfare centres, where ante-natal clinics are also held, the medical officers are required to supervise in a general way the work of the health visitors, and to be available to give them advice when they are in need of guidance. It is at such times that the child welfare centres prove most valuable and useful, as the mother can attend these with the health visitor, when the case can be fully gone into.

*Medical and Health Visiting Services.*—There are now twelve whole-time health visitors whose work includes attendance at child welfare centres, ophthalmia neonatorum nursing, tuberculosis visiting and attendance at tuberculosis dispensaries, measles visiting, and supervision of mental defectives. Of these twelve, ten are also engaged in school work and attend school medical inspections, school clinics, eye clinics, and visit physically defective school children.

In addition to the 89 district nurses now engaged in school work, 70 are also part-time health visitors.

The visits paid by health visitors during 1927 were :—

	Under one year.				1 to 5 years.	Total.	Expectant mothers.
	1st	2nd	3rd	Subsequent.			
Whole-time ..	2,206	2,073	1,986	5,542	15,181	26,988	828
Part-time ..	1,655	1,548	1,655	3,971	10,487	19,316	4,111
	3,861	3,621	3,641	9,513	25,668	46,304	4,939
Visits for 1926 ..	4,085	3,386	3,170	8,277	25,120	44,038	5,159

The visits paid to measles houses and the number of cases dealt with were as follows :—

	Houses visited.	Cases visited.	Cases without doctor.	Cases advised doctor.
1927 ..	324	540	266	38
1926 ..	1,239	1,755	580	50

Owing to excess of other work it was not possible in 1927 to carry out the visitation of measles cases as thoroughly as in 1926.

The percentages of artificially and naturally fed infants is a valuable indication of the efficiency of the health visiting services, as it is now generally accepted that practically all mothers are able to feed their own babies. It is a rule of the Central Midwives Board that "a midwife must forthwith notify the Local Supervising Authority of each case in which it is intended to substitute artificial for breast feeding." On receipt of such notifications each case is inquired into, and such advice and pressure as are possible are used to persuade the mother and midwife to continue the natural method of feeding, where there seems to be no sufficient reason for substituting artificial food. During the year, 36 such notifications were received, as opposed to 46 in 1926. The reasons given were :—

Mother :—	Death of mother	..	..	..	..	..	2
	Inability to breast feed	..	..	..	..	..	11
	Refusal to breast feed	..	..	..	..	..	10
	Delicacy of mother (advice of doctor)	..	..	..	..	..	12
Child :—	Hare lip	..	..	..	..	..	1

The percentages of infants naturally and artificially fed on the first visit of the health visitor are given below :—

Percentage of children at first visit of health visitor on—

Year	Breastfeeding.	Artificial feeding.	Mixed feeding.
1918 .. ..	82.5	13.5	3.8
1919 .. ..	85.8	9.7	4.4
1920 .. ..	84.0	11.9	3.9
1921 .. ..	86.6	9.6	3.7
1922 .. ..	85.6	11.0	3.2
1923 .. ..	88.7	8.4	2.7
1924 .. ..	88.6	8.6	2.8
1925 .. ..	88.8	8.5	2.6
1926 .. ..	89.4	7.6	3.0
1927 .. ..	88.9	7.4	3.7

It may be taken that practically all babies who are receiving mixed feeding will very soon be entirely artificially fed, unless the artificial part of the feeds is almost immediately eliminated. Of the 88.9 per cent. who were naturally fed on the first visit of the health visitor, 66.2 per cent. were naturally fed at three months, and only 45.8 at six months. The percentage therefore of artificially fed infants is much too high, especially in the later months. While it is true that a certain proportion of mothers, as a result of economic circumstances, become unable to continue breast-feeding their infants during the whole period of nine months, it is probably also true that, if they took only half the quantity of extra milk which it is necessary to have in order to artificially feed the baby, they would be able to do so naturally.

It is to the credit of the district nurses concerned that in the following districts there were no artificially-fed infants during the first three months :—Acton Scott, Hope Bowdler, and Eaton-under-Heywood ; Ash and Broughall ; Chirbury, Marton, and Middleton ; Condover ; Cound ; Diddlebury and Culmington ; Dorrington, Stapleton, Woolstaston, Longnor and Leebotwood ; Edstaston and Coton ; Hope and Shelve ; Llanyblodwell ; Lydbury North and Plowden ; Moreton Corbet, Shawbury, and Lee Brockhurst ; Stockton Norton and Sutton Maddock ; The Bog Mine ; Trefonen and Treflach ; Uppington, Eaton Constantine, and Wroxeter ; and Wrockwardine and Eyton.

In the following districts the percentage of artificially-fed children during the first three months was 25 per cent. or over :—Peplow, Stoke-on-Tern, and High Hatton ; Stanton-on-Hine-Heath ; Wistanstow and Halford ; Woore ; Prees.

The following insanitary conditions were reported by the health visitors and forwarded to the Sanitary Authorities for their attention. This is a branch of work for which the health visitor has no special training.

Water Supply.      Want of      Uncleanliness.      Dampness.      Overcrowding.      Nuisances.  
Ventilation.

36                      204                      200                      280                      234                      40

#### ATTENDANCES AT MATERNITY AND CHILD WELFARE CENTRES FOR THE YEAR 1927.

	INFANTS.						EXPECTANT MOTHERS.		
	Under 1 year.			Between 1 and 5 years.					
	New Cases.	Total Cases.	Total Attend-ances.	New Cases.	Total Cases.	Total Attend-ances.	New Cases.	Total Cases.	Total Attend-ances.
Wellington .. ..	209	272	1116	72	213	3065	49	52	130
Bridgnorth .. ..	81	119	920	36	155	2713	15	20	64
Ironbridge .. ..	119	125	1485	44	301	3584	29	31	53
Oakengates .. ..	146	226	1372	71	245	1841	51	62	285
Oswestry .. ..	212	310	1237	51	331	1029	33	48	146
Whitchurch .. ..	83	129	1348	24	154	976	9	11	20
Ludlow .. ..	81	94	495	45	199	1432	27	33	65
Ellesmere .. ..	40	48	327	10	138	317	6	8	20
Newport .. ..	50	172	553	11	137	520	7	7	8
Market Drayton ..	79	143	713	29	159	1764	38	42	159
Dawley .. ..	159	174	1450	45	217	3688	46	48	153
Highley .. ..	25	231	231	10	123	123	5	5	5
Church Stretton ..	17	34	101	5	120	303	1	1	1
Totals .. ..	1301	2077	11348	453	2492	21355	316	368	1109

As compared with 1926 there has been a decrease in the attendances of children under one year of age of 150, and an increase in the attendances of children between one and five years of age of 292. The attendance of expectant mothers, however, has fallen by 613. This is probably accounted for by the fact that the attendance of an expectant mother is not now recorded unless she is seen by a medical officer.

When time and opportunity allow, addresses on subjects of importance to health are given at the Welfare Centres by doctors, health visitors, dentists, and voluntary workers.

The following are the particulars for the year 1927 :—

	No. of addresses.				Average attendance.
Bridgnorth .. ..	24				11
Church Stretton .. ..	5				26
Dawley .. ..	44				32
Ellesmere .. ..	1				20
Highley .. ..	12				8
Ironbridge .. ..	31				11
Ludlow .. ..	18				13
Market Drayton .. ..	44				23
Newport .. ..	3				17
Oakengates .. ..	38				9
Oswestry .. ..	11				13
Wellington .. ..	43				27
Whitchurch .. ..	19				16
	293				19

#### ORTHOPAEDIC SCHEME.

This consists (1) of a central hospital at Park Hall, Oswestry, (2) after-care centres at Ludlow, Oakengates, Craven Arms, Oswestry, Cleobury Mortimer, Shrewsbury, Market Drayton, Wellington, Whitchurch, Wem, Ellesmere, Ironbridge, Shifnal, Newport, Dawley and Bridgnorth, and (3) the assistance of all the health visitors and medical officers in the county in discovering the cases.

Ten of the after-care centres are visited weekly by specially trained nurses from the Shropshire Orthopaedic Hospital, and the remainder are visited every fortnight. They are also visited by a Medical Officer of the Hospital periodically. The early discovery of cases depends almost entirely upon the health visitors as regards children under five, and largely on the School Medical Officers as regards school children. All the Orthopaedic Centres are now held on the same day as the Child Welfare Centres, an arrangement which makes for that co-operation between the two branches of the work that is so essential. The work is now well linked up with the child welfare and school work.

The following statement, which includes all the tuberculous cases and defective school children, was supplied from the Shropshire Orthopaedic Hospital, and gives the number of cases treated at the After-Care Centres during 1927. It will be apparent from the numbers given for 1926 that there has been a very considerable increase in the number of cases and conditions dealt with.

	Cases beginning of year 1927.	Cases admitted during 1927.	Number of Attendances.	Number Discharged.	Condition on discharge.			Number.			
					Remedied.	Improved.	Unaltered.	Dead.	Left County.	Refused to Attend.	Still in Attendance
Under 5 years	282	193	11760	143	41	11	0	2	13	76	332
5—14 years ..	547	445		328	71	52	0	0	24	181	664
Over 14 years	349	109		169	27	65	2	4	23	48	289
Total for 1927	1178	747	11760	640	139	128	2	6	60	305	1285
Total for 1926	932	550	9325	277	122	45	0	12	34	64	1305

Cases requiring treatment of such a nature that they cannot be adequately dealt with at the After-Care Centres are admitted to the Orthopaedic Hospital.

TABLE SHOWING CASES TREATED AT THE ORTHOPAEDIC HOSPITAL.

Disease.	Cases paid for by the County Council.			Cases not paid for by the County Council.		
	Child Welfare, Tuberculosis and School Cases.			Child Welfare, Tuberculosis School and other Cases.		
	Under 5.	5 to 14.	Over 14.	Under 5.	5 to 14.	Over 14.
Tuberculosis of Bones and Joints ..	8**	23	61	..	3	8
Poliomyelitis .. .. .	6	17	..	1	5	11
Rickets .. .. .	8	3	..	1	1	..
Hallux Valgus .. .. .	..	1	..	..	..	2
Scoliosis .. .. .	..	4	..	..	..	2
Club Foot .. .. .	2	..	..	..	..	..
Congenital Deformities .. .. .	3	3	..	1	1	2
Flat Foot .. .. .	..	5	..	..	1	1
Claw Foot .. .. .	..	2	..	..	..	6
Hallux Rigidus .. .. .	..	..	..	..	..	1
Osteomyelitis .. .. .	..	4	..	1	..	2
Contractures .. .. .	1	2	..	..	..	1
Spastic Paralysis .. .. .	..	6	..	..	1	1
Fractures and Dislocations .. .. .	..	10	..	1	3	14
Torticollis .. .. .	..	2	..	..	..	..
Septic Arthritis .. .. .	1	3	..	..	..	15
Rheumatoid Arthritis .. .. .	..	..	..	..	..	2
Gonococcal Arthritis .. .. .	..	..	..	..	..	1
Other Accidents .. .. .	..	4	..	..	..	5
Other Diseases and Conditions ..	1	5	..	..	1	7
	30	94*	61	5	16†	81
	185			102		

\* Includes 2 Shrewsbury School Children.

† Includes 5 Shrewsbury School Children.

\*\* Three of these cases, notified and sent in to the Hospital as tubercular, were diagnosed afterwards to be Arthritis 2, Osteomyelitis 1.

In all, 287 cases have been treated at the Hospital, compared with 270 in 1926. So far as we are aware, all the cases really needing treatment have been dealt with. This is very satisfactory, as it is, our constant endeavour to get the cases treated as early as possible.

Analysing this table it will be seen that, of the cases paid for by the County Council, 92 were due to tuberculosis and were dealt with under that scheme, 22 were non-tuberculous children under five years and were dealt with under the Maternity and Child Welfare Scheme; and 71 were non-tuberculous school children and were dealt with under the scheme for the treatment of school children.

The average number of beds occupied by the three groups and paid for by the County Council were—

		1927	1926	1925	1924	1923	1922	1921
Tuberculosis	..	40	31	37	40	37	42	44
Child Welfare	..	9	5	9	7	6	8	10
School	.. ..	15	15	14	13	11	11	21
		—	—	—	—	—	—	—
Total	..	64	51	60	60	54	61	75
		—	—	—	—	—	—	—

During the year, therefore, there has been an increase of 13 in the average number of beds occupied, 4 more for child welfare cases and 9 more for cases of tuberculosis, while for school cases the number remained the same. In view of the numbers occupied last year, the largest relative increase has been on account of the child welfare work. This is probably due to the fact that more deformities are being detected and dealt with before school age is reached, and this may be expected to lead to a diminution in the number of school cases requiring treatment, and also to better after results.

Analysis of cases according to causation :—

103 or 35.9 per cent. were due to tuberculosis.

40	„	13.9	„	„	poliomyelitis.
13	„	4.5	„	„	rickets.
12	„	4.2	„	„	congenital deformities.
32	„	11.2	„	„	other deformities—postural or of doubtful causation.
8	„	2.8	„	„	injuries and diseases probably arising at birth, including Spastic Paraplegia and Diplegia.
30	„	10.4	„	„	infections other than tuberculosis.*
49	„	17.1	„	„	other accidents and diseases.

\* Includes Rheumatoid Arthritis, Osteo-Arthritis and Osteo-Chondritis.

Many of the tuberculous cases come under notice after considerable damage has been done, the cause of the trouble not being recognised in the early stages.

The importance of early treatment of Poliomyelitis is so great that, on receipt of a wire, arrangements have been made for a specially trained nurse to be sent from the Orthopaedic Hospital, to help the medical practitioner, and afterwards to get the patient to hospital if necessary. Unfortunately a very small proportion of these cases of poliomyelitis is notified, the majority being overlooked until paralysis or weakness is noticed.

The delay in the case of lesions due to tuberculosis is chiefly on account of the insidious nature of the disease, and the failure of the patients to recognise the seriousness of the comparatively mild symptoms which manifest themselves at its commencement. The opinion of an orthopaedic surgeon who has X-rays and every facility for diagnosis can be obtained at the Orthopaedic Hospital.

The difficulty with cases of poliomyelitis is to recognise the disease at its commencement, for it resembles nothing so much as an attack of influenza in a young child. Immediate removal of the patient to the Hospital can be obtained by wiring or telephoning to the Public Health Department.

Owing to the importance of early treatment in cases of poliomyelitis and tuberculosis, a circular letter was drawn up and sent to all the medical practitioners in the County in which the facilities for diagnosis and treatment provided by the Orthopaedic Hospital were pointed out. Attention was also drawn to the unsatisfactory results and lengthened period of treatment necessary, with ultimately a corresponding increase in cost to the County Council, when cases of tuberculosis and poliomyelitis did not receive the special treatment required at the earliest possible moment.

#### SUPPLY OF FREE MILK.

Milk is supplied free in necessitous cases, and before the necessary order is given each case is carefully inquired into by the Medical Officer of the centre and one of the lady helpers ; or where there is no centre, by the health visitor and a local responsible person. The opinion of the Relieving Officer is obtained in all cases, and the reports are all carefully scrutinised at the central office. This is undoubtedly preventive work of great value, because, if a considerable portion of the poorer people go short of important vitamins and necessary constructive materials, as seems probable, the provision of milk should greatly improve the health of the children, lessen the amount of rickets, and diminish the number of infectious illnesses which are so frequently associated with this condition.

#### RICKETS.

There is no doubt that the commonest condition from which children suffer during the first few years of life is rickets. It is true to say that the majority of them, when old enough to attend school, show, to a greater or less degree, evidence of having been subject to the condition, which, it is important to remember, is a systemic disease.

The presence of rickety deformity is very significant in that it shows that the child, for one reason or another, has been unable to assimilate the necessary minerals in sufficient quantities for sound body construction ; and as lime, to mention only one and at the same time the chief of these, enters into the composition of every cell of the body, the effect on the general health can readily be imagined.

The importance of the part played by vitamins, by sunlight, and by fresh air and exercise, in the prevention of rickets has been abundantly shown ; but it is also necessary to remember that, even with an adequate quantity of all these necessities, unless the raw material required for growth is found in the food, rickets cannot be prevented. It is the big, rapidly growing child, who requires most constructive material, and it is in this particular type of child that rickets is most likely to develop.

It is for this reason that an adequate supply of milk for the growing child is so very necessary, as it is one of the few foods which contain all the materials necessary for health in a suitable form for assimilation, and in such quantities as to meet the requirements of the growing child.

While, therefore, the importance of sunlight and the part played by cod liver oil in the prevention of rickets cannot be too much emphasized, it is equally necessary to stress the part played by the consumption of milk both by the expectant mother and the growing child.

#### HEALTH LECTURES.

Short addresses on the Care of the Teeth have been given by the County Health Lecturer in 5 Schools, and other Health Lectures were given to 29 Women's Institutes, Nursing Associations, and the British Legion Women's Section at Shrewsbury.

### COUNTY HOME FOR AILING BABIES.

The County Council works through a local committee which includes representatives from the Public Health Committee, and the County Medical Officer of Health. A monthly report, including a complete financial statement, is furnished to the County Council.

The Home is chiefly intended for babies under one year of age, who are doing badly and are obviously suffering from malnutrition due to one cause or another.

Infants of mothers suffering from tuberculosis in a highly infectious state, however, are now admitted to the hospital, with the object of getting immediate removal from the source of infection and afterwards, if possible, of arranging for some means of boarding the children away from their mothers. The Home is particularly suitable for this type of case, as almost all the infants are treated entirely in the open air with very beneficial results.

The numbers for 1927, which were slightly in excess of those for 1926, were :—

Admitted 82, Discharged 77, Died 7.

Average duration of stay, 45 days.

The cases were diagnosed on admission as :—Improper feeding 14, malnutrition 46, marasmus 4, prematurity 6, to restore breast feeding 8, tubercular contact cases 2, debility 2.

Of the 77 infants discharged 74 were reported as in good health, 2 as improved, and in 1 no improvement.

Two deaths were due to Pyloric Stenosis, one to Broncho-pneumonia, one to Enteritis, one to Inanition, one to Mesenteric Thrombosis, and one to Convulsions.

The success of the Home depends more than anything upon the selection of the proper cases for admission, and this to a great extent rests with the Medical Officers of the Clinics and the Health Visitors throughout the County, in consultation with the medical practitioner, if there is one in attendance.

The following is an extract from the report of the Medical Superintendent of the Home (Dr. Astley Weston) :—"Numbers alone are not a measure of success. Our success lies in the fact that we have made healthy babies out of those who if left at home, would have died or been C3 for the whole of their lives. Out of the 84 babies dealt with, 77 were discharged, "in good health"; when you take into account that many, if not most of these were, on admission, actually losing ground, it is apparent that this phrase, "in good health" stands for a fair measure of success."

### PROVISION OF MATERNITY BEDS.

*The Lady Forester Hospitals, Broseley and Much Wenlock.*—There are six maternity beds at Broseley hospital and four beds at Much Wenlock hospital. Occasionally other beds have been used. The County Council have agreed to pay £1 1s. a week towards the cost of any case recommended by them, that cannot afford the fee. One hundred and thirty-three cases were admitted during 1927.

*Newport Nursing Home.*—Two beds are always available here. The County Council pays an annual fee of £10 per bed towards their maintenance. Thirty-five Shropshire cases and five from outside the County were admitted during the year.

*The Chirk and District Cottage Hospital*, situated in Denbighshire, also takes in maternity cases amongst the wives of their subscribers at a cost of two guineas a case.

*Berrington Hospital.*—Ordinary maternity cases are taken into this hospital at a fee of £2 2s. per week, and septic cases at a fee of £3 3s. per week. The number of cases admitted during the year was four, with an average duration of stay of 30.5 days.

*Institutional Treatment of expectant and nursing mothers and their infants suffering from Venereal Diseases* is carried out under the Venereal Disease Scheme at Cleveland House, Wolverhampton. Three mothers were sent during the year (see page 34).

*Hostels for unmarried mothers and their infants.*—An arrangement is in force with the Mrs. Legge Memorial Home, Wolverhampton, by which patients are admitted for six months, the County Council paying for the first six weeks, the expense of the remainder of the period being borne by the Home. Two cases were sent during the year.

#### DISTRICT NURSING ASSOCIATIONS.

Two new Associations were formed during the year. These were :—

- (1) Bitterley, Stoke St. Milborough, and Hopton Cangeford.
- (2) Cockshutt and Lineal-cum-Colemere.

#### OPHTHALMIA NEONATORUM.

During the year 32 cases of ophthalmia neonatorum were notified. On receipt of notification the doctor in attendance is immediately communicated with, in order to place at his disposal all facilities for having the necessary treatment carried out.

An arrangement has been made with the Salop Eye, Ear and Throat Hospital whereby the mother and child can be immediately admitted for treatment. An effort is made to get all cases treated in this way, and an ambulance is always available to convey them to hospital. If the mother refuses to be removed, or to allow the child to go to hospital, the services of a health visitor, who will remain in attendance on the case till cured, are offered to the doctor.

How the cases were nursed :—

At Eye and Ear Hospital, Shrewsbury .. .. .	19
By Health Visitors .. .. .	8
By Nurse-Midwife .. .. .	1
By relatives .. .. .	4

In addition, information was received regarding 15 cases of discharging eyes, which were not notified as ophthalmia neonatorum. Some of these were visited by health visitors and attended regularly till well.

As far as it has been possible to ascertain at the present time, in no case was there any permanent injury to the eyesight.

In midwives' cases the conduct of the midwife is inquired into, and the steps she has taken to secure disinfection are ascertained before she is allowed to attend other cases.

#### MIDWIVES ACTS.

While in 1904 there were 43 trained and 188 untrained midwives practising in the County, in 1927 there were 215 trained and 21 untrained.

In 1926 there were 247 registered midwives practising in the county, as opposed to 236 in 1927. In both years, as the number of trained midwives was the same, namely, 215, the reduction of 11 in the total number practising is accounted for by the elimination of the untrained, who fell from 32 to 21.

One midwife who was brought before the Local Supervising Authority during the year was reported to the Central Midwives Board, and the charges against her being found proved, her name was removed from the Roll.

The number of midwives trained by the County Council and Shropshire Nursing Federation since 1921 is as follows :—

1921 ..	14	1925	8 (two did not complete training).
1922 ..	13	1926	3
1923 ..	14	1927	11 (one did not complete training).
1924 ..	4		

## STATISTICS RELATING TO WORK UNDER MIDWIVES ACTS.

Year.	Number of Midwives practising in the County in June of each year.	Number of Visits paid.	Notifica-tions of having sent for medical help.	Notifications of Still-births	Notifications of death of mother or child with no medical man in attendance.	Notifica-tions of Artificial Feeding by Midwives.	Notifica-tions of Midwives' Liability to be a source of Infection.	Notifica-tions by Midwives of having laid out a Dead Body.
				By Midwives.				
1921	240	675	734	76	10	66	11	28
1922	218	635	682	75	6	58	19	39
1923	235	649	781	54	11	73	32	35
1924	227	752	721	51	5	57	19	38
1925	255	694	882	48	3	51	28	22
1926	247	846	895	52	5	46	25	42
1927	236	854	898	55	3	36	37	28

*Sending for Medical Help by Midwives.*—Medical help was sent for in 898 cases, three more than in 1926, and representing about two-sevenths of the cases attended by midwives. Four hundred and forty-three claims for payment were sent in by medical practitioners, and fees amounting to £868 were paid to them. When the family is in a position to pay, the fee, or part of it, is reclaimed by the County Council.

An analysis of the reasons for sending for medical help is given in the following statement :—

*For Mother.*

During pregnancy..	..	..	..	..	..	129
Deformity or stunted growth	..	..	..	..	0	
Loss of blood	..	..	..	..	27	
Abortion or threatened abortion	..	..	..	..	43	
Excessive sickness..	..	..	..	..	7	
Puffiness of hands or face	..	..	..	..	26	
Fits or convulsions	..	..	..	..	0	
Dangerous varicose veins..	..	..	..	..	6	
Purulent discharge	..	..	..	..	2	
Sores of the genitals	..	..	..	..	0	
General ill-health ..	..	..	..	..	18	
At Labour ..	..	..	..	..	..	560
Fits or convulsions	..	..	..	..	0	
A Purulent discharge	..	..	..	..	0	
Sores of the genitals	..	..	..	..	0	
Abnormal presentation	..	..	..	..	51	
Haemorrhage	..	..	..	..	31	
Adherent placenta and retained membranes	..	..	..	..	35	
Ruptured perineum	..	..	..	..	168	
Uterine inertia and prolonged labour	..	..	..	..	260	
Abortions, miscarriages and still-births..	..	..	..	..	15	
After Labour	..	..	..	..	..	39
Fits or convulsions	..	..	..	..	1	
Abdominal swelling or tenderness	..	..	..	..	8	
Offensive lochia	..	..	..	..	4	
Rise of temperature	..	..	..	..	26	

TABLE III.

[illegible]

For the purpose of this table those cases that have left the County or in which the diagnosis was wrong have been excluded.

TABLE IV.  
AFTER-HISTORY OF NOTIFIED CASES SINCE 1912.

Year	No. of cases notified in year	Number of cases that died in years																Known to be alive at end of years																Left County, cured, or wrongly diagnosed. 1927.	Unaccounted for.	
		1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927			
1912	439	117	36	43	15	8	4	8	1	1	3	1	..	1	8	1	1	306	266	222	205	197	193	185	184	182	179	178	177	175	80	77	76	98	17	
1913	290		50	51	12	8	2	9	4	3	2	1	1	3	2	1	—		236	183	167	159	156	145	140	137	134	133	131	127	94	89	88	50	3	
1914	267			73	34	12	6	8	6	1	2	1	2	..	1	1	1			188	149	137	131	123	116	113	110	109	106	106	75	71	70	46	3	
1915	381				89	49	17	14	12	7	1	2	..	..	..	..	1				286	225	206	189	174	165	164	158	157	156	87	81	80	104	5	
1916	392					81	44	20	11	4	6	4	5	5	..	3	—					297	141	217	203	198	192	184	176	168	111	105	105	100	4	
1917	403						90	44	29	5	5	6	7	1	3	5	2							298	243	209	200	195	185	176	174	123	113	110	95	1
1918	425							93	42	6	10	2	4	6	1	7	2							306	251	241	228	223	214	207	163	150	145	107	0	
1919	341							67	21	19	11	10	5	1	3	3									252	229	204	187	176	166	136	130	127	74	0	
1920	325								90	30	18	10	6	3	5	4										223	186	161	150	141	138	131	127	32	0	
1921	318									66	44	22	12	10	3	3											238	191	165	149	128	121	115	43	0	
1922	274										85	44	12	9	8	7												172	115	97	86	78	69	40	0	
1923	273												62	34	18	7	7												195	152	123	110	101	44	0	
1924	287													69	24	13	11														206	158	141	125	45	0
1925	243														47	27	15															172	140	115	39	0
1926	208															52	34																149	107	15	0
1927	162																38																109	15	0	0



	<i>For Child</i>					167
Feebleness	..	..	..	..	..	71
Malformation	..	..	..	..	..	8
Discharge from eyes	..	..	..	..	..	74
Skin eruptions	..	..	..	..	..	4
Inflammation about or haemorrhage from the navel	..	..	..	..	..	5
Convulsions	..	..	..	..	..	5

*Still-births.*—Of the 55 still-births notified by midwives, 26 were full time and 29 premature ; 26 were males, and 27 females ; and in 2 cases the sex was not mentioned.

The condition of the child pointed to death having occurred during or shortly before labour in 23, and some time previously in 32 cases.

The presentations were 29 head, 15 breech, and in 11 cases the presentations were not mentioned.

*Puerperal Fever.*—Seventeen cases were notified, compared with 25 in 1926. Twelve cases were attended by midwives, and five by medical practitioners. There were two deaths.

*Puerperal Pyrexia.*—Seventeen cases were notified, as opposed to 12 in 1926. Eighteen were attended by midwives and eleven by medical practitioners. There was one death.

*Other Accidents of Parturition.*—There were 14 deaths of women registered under this heading during the year.

#### MIDWIVES AND MATERNITY HOMES ACT.

At the end of 1927 the position was as follows :—

Homes Registered.	Registration Refused.	Registration under consideration.
14	4	2

#### TUBERCULOSIS.

The reduction and prevention of tuberculosis in the population depends on the following measures placed in order of importance :—

- (1) Education of the public in matters pertaining to the maintenance of health and the prevention of infection.
- (2) The provision of proper facilities for leading a healthy life and thereby raising the standard of living, *e.g.*, houses, playing fields, open spaces, and physical training.
- (3) The various health schemes—Tuberculosis, Child Welfare and School Medical Inspection. All these schemes, and the Tuberculosis scheme in particular, should take a prominent part in the education of the public in general health matters.
- (4) Early notification, that immediate steps may be taken to prevent the spread of infection.
- (5) Treatment of the patient, which, while the matter of most importance to him, plays the smallest part in the elimination of the disease.

The incidence of tuberculosis in 1927 compared with 1926 is as follows :—

	Pulmonary Tuberculosis.		Other forms of tuberculosis.		Total.	
	Notifications.	Deaths.	Notifications.	Deaths.	Notifications.	Deaths.
1926	..	208	136	117	325	170
1927	..	162	129	131	293	173

While there has been a reduction in both the number of notifications and deaths due to pulmonary tuberculosis, there has been an increase in both notifications and deaths due to other forms of the disease ; and while this still allows of a reduction of 52 in the total number of notifications, there is an increase of 3 in the total number of deaths. These figures, however, must be read in the light of the fact that the most important part of the tuberculosis scheme is not the cure, but the prevention of the disease.

Below are given in greater detail particulars of new cases of tuberculosis and of all deaths from the disease during 1927.

			New Cases.				Deaths.			
			Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
0—1	..	..	0	0	3	2	0	0	2	0
1—5	..	..	0	0	8	11	0	0	5	4
5—10	..	..	3	2	13	14	0	0	4	3
10—15	..	..	1	1	12	7			6	5
15—20	..	..	11	10	9	15	12	20	3	1
20—25	..	..	10	12	4	6			4	5
25—35	..	..	21	25	8	7	36	29	1	1
35—45	..	..	22	13	3	4			4	5
45—55	..	..	9	8	0	3	15	12	1	1
55—65	..	..	8	4	1	1				
65 and upwards	..	..	1	1	0	0	4	1		
			86	76	61	70	67	62	25	19
TOTALS	..	..	162		131		129		44	

The following table shows how, with the exception of the years which included the war, during which there was an increase in the deaths due to pulmonary tuberculosis, deaths from phthisis have shown an almost continuous and marked diminution down to and inclusive of 1927 :

Years.	Cases notified.	Deaths.	Years.	Cases notified.	Deaths.	Years.	Cases notified.	Deaths.	Years.	Cases notified.	Deaths.
1907	3	236	1913	320	146	1919	341	171	1925	243	138
1908	33	230	1914	295	204	1920	325	143	1926	208	136
1909	32	225	1915	379	214	1921	318	150	1927	162	129
1910	19	206	1916	364	206	1922	274	182			
1911	103	216	1917	406	199	1923	273	157			
*1912	439	208	1918	425	222	1924	287	144			
Total	629	1321	Total	2189	1191	Total	1818	947	Total	613	403
Yearly average	105	220	Yearly average	365	198	Yearly average	303	158	Yearly average	205	135

\* Compulsory notification commenced in 1912.

While it will be noted that, since 1918, the diminution in the number of notifications is greater in proportion than the decrease in the number of deaths, this can probably be accounted for, partly in terms of a lessened incidence of the disease, but also, and probably more fully, as a result of greater accuracy in diagnosis.

The tuberculosis officers now see a larger proportion of the cases before notification, and of the 162 cases notified in 1927, eighty-nine were seen by them before notification, and 43 of these were notified by them. This points to the fact that the facilities provided by the County Council for diagnosis is becoming more fully appreciated by the general practitioner, and leading to greater co-operation with the tuberculosis officers, which no doubt accounts to a great extent for the close approximation of the number of deaths to the number of cases notified.

Analysis of the cases notified during the year shows that 3 were notified after death, 5 less than a week before death, 5 between one and two weeks before death, 3 between two and four weeks, and 10 between one and three months before death. Some of the cases of late notification are due to the fact that a medical practitioner was not called in until shortly before death.

In the table below is given the average annual number of deaths for the Urban and Rural Districts, classified in Age Periods and Sex, during the five-yearly periods 1916—1920, and 1921—1925, those for the years 1926 and 1927 being given individually :—

*Urban Districts.*

*Rural Districts.*

Year	All ages.		0—		15—		25—		45—		65—		All ages.		0—		15—		25—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Average 1916—20	53	46	4	5	7	10	24	21	14	8	4	2	43	46	1	3	8	13	19	22	13	7	3	1
Average 1921—25	45	40	1	2	7	11	20	19	15	7	2	1	33	36	1	1	6	11	14	14	10	8	2	1
1926 .. ..	33	40	1	4	4	10	15	17	13	8	..	1	41	22	1	2	5	5	22	7	11	6	2	2
1927 .. ..	36	31	—	—	6	9	21	13	8	8	1	1	31	31	—	—	6	11	15	16	7	4	3	—

The five-yearly periods show in the Urban Districts a larger yearly average of deaths among males than females, while in the Rural Districts it is the reverse. In 1926, however, there was a larger number of deaths among females than males in the Urban Districts, and of males than females in the Rural Districts; in 1927, in the Urban Districts the male deaths were again in excess, while in the Rural Districts the distribution of deaths between the sexes was equal.

It is difficult to account for these variations, but the influence of home conditions is greater amongst females, whereas occupational influences bear more heavily on males.

TABLE GIVING PARTICULARS OF DEATHS FROM PHTHISIS IN EACH OF THE SANITARY DISTRICTS.

	1915—19 PERIOD.						1920—1924 PERIOD.									
RURAL DISTRICTS :	1915	1916	1917	1918	1919	Average Annual number of deaths	1920	1921	1922	1923	1924	Average Annual number of deaths	Percentage increase or decrease of second period over first.	1925	1926	1927
Atcham .. ..	22	25	12	17	12	18	8	12	15	17	8	12	— 33.0	8	10	12
Bridgnorth .. ..	4	5	6	3	4	4	5	3	7	8	3	5	+ 25.0	2	6	2
Burford .. ..	1	1	..	..	1	.6	..	3	1	..	..	0.8	+ .25	2	2	—
Chirbury .. ..	5	5	..	2	..	2	2	3	1	3	1	2	..	2	3	1
Church Stretton ..	2	5	5	7	1	4	1	1	3	3	2	2	— 50.0	2	3	2
Cleobury Mortimer	5	4	12	6	6	7	5	10	1	3	4	5	— 28.5	2	2	6
Clun.. ..	4	7	6	8	3	6	3	3	3	2	2	3	— 50.0	4	3	1
Drayton .. ..	4	4	1	4	7	4	3	4	5	1	1	3	— 25.0	3	3	4
Ellesmere .. ..	6	4	1	2	1	3	4	5	3	2	3	3	..	2	1	2
Ludlow .. ..	7	7	11	3	8	7	2	6	6	4	2	4	— 42.8	3	..	2
Newport .. ..	1	2	11	5	9	6	1	1	7	2	3	3	— 50.0	3	5	3
Oswestry .. ..	9	12	16	14	9	12	8	4	12	12	9	9	— 25.0	9	8	12
Shifnal .. ..	8	4	1	7	5	5	7	7	4	2	3	5	..	6	6	3
Teme .. ..	1	4	2	2	2	2	1	1	..	1	2	1	— 50.0	2	..	1
Wellington .. ..	9	7	4	20	5	9	15	10	10	10	8	11	+ 22.2	9	6	10
Wem .. ..	8	4	3	7	3	5	3	3	6	1	3	3	— 40.0	3	3	1
Whitchurch .. ..	2	..	1	1	1	1	..	..	1	..	..	.2	— 80.0	..	2	—
URBAN DISTRICTS :																
Bishop's Castle ..	2	2	..	3	1	2	..	..	2	..	..	.4	— 80.0	..	1	1
Bridgnorth .. ..	3	6	6	7	3	5	4	2	6	5	4	4	— 20.0	11	3	3
Church Stretton ..	1	1	1	..	6	2	1	..	3	1	..	1	— 50.0	..	2	2
Dawley .. ..	5	5	8	4	5	5	4	3	..	8	9	5	..	8	5	2
Ellesmere .. ..	2	2	1	4	2	2	..	1	1	1	..	.6	— 70.0	2	4	—
Ludlow .. ..	8	5	12	12	13	10	5	2	7	2	6	4	— 60.0	1	7	4
Market Drayton ..	5	2	3	2	4	3	4	3	4	4	6	4	+ 33.3	2	1	2
Newport .. ..	2	5	1	3	2	3	1	3	1	2	1	2	— 33.3	2	1	2
Oakengates.. ..	11	2	2	7	5	5	8	6	7	7	6	7	+ 40.0	6	7	9
Oswestry .. ..	16	15	15	12	9	13	8	6	10	12	7	9	— 30.8	10	4	8
Shrewsbury .. ..	34	31	29	27	21	28	18	22	38	24	34	27	— 3.5	19	18	16
Wellington .. ..	7	8	8	8	9	8	3	7	6	8	6	6	— 25.0	4	11	7
Wem .. ..	..	1	2	1	1	1	2	2	1	1	1	1	..	1	..	1
Wenlock .. ..	12	15	13	17	10	13	12	12	9	9	10	10	— 23.0	7	7	7
Whitchurch .. ..	8	6	6	7	3	6	5	5	2	2	..	3	— 50.0	3	2	3

WORK UNDER THE SCHEME.—One of the Tuberculosis Officers (Dr. Elliott) has superintendent duties in connection with the Shirlett Sanatorium and the Prees Heath Hospital for advanced cases of consumption ; and Dr. Watkin visits the Orthopaedic Hospital at regular intervals, so as to be able to consult with the Medical Superintendent with regard to the discharge of the patients and their proper after-care.

## ATTENDANCE AT DISPENSARIES.

No. of Cases.	DISPENSARIES.	Notified Cases.			Non-Notified Cases.				Total.
		Insured.	Non-Insured.	School Children	School.		Other		
					Contact.	Suspect.	Contact.	Suspect.	
426	SHREWSBURY. Number of patients who attended in 1927 for the first time .. .. . Attendances during 1927 ..	17 467	6 402	6 257	15 73	59 214	40 80	69 134	212 1627
211	OSWESTRY. Number of patients who attended in 1927 for the first time .. .. . Attendances during 1927 ..	5 247	6 97	1 86	15 44	11 38	27 64	44 64	109 640
666	WELLINGTON. Number of patients who attended in 1927 for the first time .. .. . Attendances during 1927 ..	9 784	6 446	1 1247	25 123	85 364	48 135	122 342	296 3441
	<i>Examination Centres (open once a month).</i>								
44	WHITCHURCH. Number of patients who attended in 1927 for the first time .. .. . Attendances during 1927 ..	2 44	.. 5	.. 22	1 8	5 16	3 7	5 9	16 111
75	LUDLOW. Number of patients who attended in 1927 for the first time .. .. . Attendances during 1927 ..	.. 29	2 13	.. 6	3 5	18 29	3 12	16 25	42 119
88	BRIDGNORTH. Number of patients who attended in 1927 for the first time .. .. . Attendances during 1927 ..	4 65	1 1	1 2	13 25	17 36	8 19	8 23	52 171

## VISITS BY THE TUBERCULOSIS MEDICAL OFFICERS FOR 1927.

TO INSURED PATIENTS.					TO NON-INSURED PATIENTS.					TO SCHOOL CHILDREN.				
On notifi- cation.	Con- tacts.	Sus- pects.	On dis- charge from Sana- torium.	On other occa- sions.	On notifi- cation.	Con- tacts.	Sus- pects.	On dis- charge from Sana- torium.	On other occa- sions.	On notifi- cation.	Con- tacts.	Sus- pects.	On dis- charge from Sana- torium.	On other occa- sions.
41	22	29	21	353	37	73	29	27	223	13	63	74	11	76
		466					389					237		
							1092							

*Visits by Health Visitors to Phthisis Houses in 1927.*

To Insured Patients.	To Non-Insured Patients.	To School Children.	Total.
1586	1300	504	3390

*King Edward VII. Sanatorium* (Shirlett).—The number of patients admitted to the Sanatorium in 1927 was 86, and consisted of :—

Insured patients—Males	..	..	..	34
„ „ Females	..	..	..	20
Non-Insured patients—Males	..	..	..	9
„ „ Females	..	..	..	23

The percentage of cases discharged without tubercle bacilli in the sputum was 60, compared with 77 in 1926, 63 in 1925, 41 in 1924, 37 in 1923, 36 in 1922, 28 in 1921, 40 in 1920, 49 in 1919, and 56 in 1918.

The following is an analysis of the cases admitted to Shirlett Sanatorium from its opening in 1911 until the end of 1927 :—

*Shirlett Sanatorium, 1911—1927.*

Year.	Patients treated.	Known to be Alive.	Known to be Dead.	Left County.	Unaccounted for.	Cases notified	Percentage of notified cases treated at Shirlett.	Cured.	Non-Tubercular etc.
1911	38	10	20	7	1	..	..	..	..
1912	74	29	29	11	3	439	16.8	2	..
1913	80	28	40	9	1	290	27.5	2	..
1914	114	34	61	13	1	267	42.6	5	..
1915	133	42	56	23	1	381	34.1	10	1
1916	158	47	69	27	..	392	40.3	14	1
1917	164	66	66	19	..	403	40.6	11	2
1918	124	42	38	35	..	425	29.1	9	..
1919	123	56	38	22	..	341	36.0	7	..
1920	120	62	40	15	..	325	36.9	3	..
1921	121	55	51	13	..	318	38.0	2	..
1922	107	43	53	11	..	274	39.0	*	..
1923	109	58	38	13	..	273	39.9	*	..
1924	151	87	48	16	..	287	52.6	*	..
1925	130	86	35	9	..	243	53.5	*	..
1926	110	79	25	6	..	208	52.9	*	..
1927	86	76	6	4	..	162	53.1	*	..

\* Cases are not described as cured until after the lapse of 5 years.

It will be noted that, while the number of patients treated at Shirlett Sanatorium fell to below that for the last 13 years, the percentage of patients treated has been maintained approximately at the same level as that reached four years ago.

*Shropshire Orthopaedic Hospital.*—Ninety-two cases, of whom 3 were later diagnosed as non-tubercular, were sent to this Hospital by the County Council in 1927. The average length of stay of these cases during the year was 165 days, and the average number of beds occupied 40. The cases were :—

Tuberculosis of the hip 23, spine 42, knee 12, other joints and bones 15.

Further details are given in the table on page 17.

*Prees Heath Sanatorium.*—This hospital has proved of great use during the year. There are now 11 beds available. Eight patients were admitted, 3 took their discharge, and 7 died.

*Shelters.*—Twelve new shelters constructed in accordance with our new design, have been provided, and 7 have been scrapped.

There are at present over 135 shelters in the County. The County Council have provided 121, Shrewsbury Borough 4, Whitchurch Urban District Council 2, Drayton Rural and Urban District Councils 2, Chirbury Rural District Council 1, the Ludlow Care Committee 5, and, in addition, several have been provided by private individuals.

In the treatment and prevention of tuberculosis shelters should be used—(1) to provide for the sleeping out of children in crowded phthisical homes; (2) for the accommodation of early cases to aid in their recovery; (3) for the accommodation of advanced cases to prevent infection.

The principle of providing shelters for the healthy children in a crowded phthisical home has been approved. This is probably the most important use of shelters, and considerably more will be required in the near future.

Shelters are also to be provided for cases of surgical tuberculosis to allow of them being treated at home under proper conditions, and consequently discharged from the hospital at an earlier date.

The education of the people with regard to living in the open air has now advanced so much that we are prepared for a great extension of shelter treatment, and the provision of shelters in the near future should be greatly increased.

*Care Scheme.*—A Central Care Committee and local Care Committees covering the whole County have been appointed. Broadly speaking, the object of these Committees is to keep in touch with the cases of phthisis throughout the County, and by means of advice and help to enable the patients to live as far as possible a “sanatorium life.” Unfavourable conditions that they cannot remedy should also be reported.

It is not the duty of members of the Care Committee to systematically visit the cases or to attempt to give professional advice. Apart from occasional visits, they should rely on the reports of the Health Visitors.

Reference should be made to the Report for 1920 for details of the reorganised scheme.

*Disinfection of Houses.*—The position is as stated in the report for 1921.

*Examination of Sputum.*—It is recognised as of the utmost importance that sputum, if present, should be examined in every case of phthisis, and that the examination should be repeated as often as may be necessary to determine the progress of the case or its infectiousness. The County Council has for many years provided facilities for examination of sputum, and practitioners are urged to make the fullest use of these facilities in every case.

Arrangements have now been made so that, with the consent of the practitioners, the health visitor takes specimens when required. In this way specimens should be obtained in all cases where there is any sputum to examine.

Cases Notified.	Cases examined.		Not Examined.	Cases in which there was no sputum.	In Institutions.
	Positive.	Negative.			
162	92	37	5	24	4 (Salop Mental Hospital).

\* Of the 5 cases not examined, there was objection by the Private Practitioners or patients concerned in 2 cases; in 3 cases the Notifications were received after death.

*Suggestions for Improving the Scheme.*—The following is a quotation from the report for 1926 :  
“The suggestions here made are principally for the protection of households, particularly of the children, against infection from advanced and dangerously infectious cases.

- (1) A further advance in the educational work of the scheme by means of public lectures given systematically in the various localities illustrated by lantern slides.
- (2) Removal of children from a house where there is a dangerously infectious case, by means of boarding out. This has been left entirely to Care Committees, and so far it has not been found possible to do much. This great work should be aided by Public Health Authorities.
- (3) The provision of shelters for the use of apparently healthy children in infected households.\*
- (4) The provision of an open-air school or convalescent home at which ill-nourished and suspected tuberculous children might receive open-air treatment. Such an institution would deal with all feeble children requiring institutional treatment except those suffering from tuberculosis in an infectious condition.
- (5) An increase in the number of sanatorium beds for dangerously infectious cases.
- (6) Better facilities for phthisical families to obtain good houses in which the patient will have a better chance of recovery and with much less risk of infection to others. Sanitary Authorities can solve this problem to a considerable extent by granting in suitable cases one of the Council houses, if necessary, at a reduced rent, or by making a grant towards the rent so that the patient can get a more suitable house. It must be remembered that Local Sanitary Authorities have very important powers and duties with regard to the prevention of tuberculosis.
- (7) The provision of beds, wherever separate beds for phthisical persons cannot be afforded. The Tuberculosis Officers give very special attention to this matter, and it is usually attended to by the local care committees. The figures, however, show that the problem is not always satisfactorily solved. It may be necessary for the County Council to give help in those cases where the Care Committee find it impossible to effect the necessary improvement without help.

“A strong effort should be made to get every phthisical person to sleep in a separate bed.

“It is on these lines rather than on expensive action for the benefit of the individual such as increased and more expensive sanatorium treatment, farm colonies, training colonies, etc., that a real reduction of phthisis is likely to be brought about, always bearing in mind that the most hopeful work of all is that which tends to bring about a higher state of physical fitness of the population generally.”

\* Eight shelters have been provided for such cases.

Analysis of home conditions of the patients at the time of notification shows :—

76 had separate bedrooms.  
37 shared bedrooms but had a separate bed.  
49 shared beds.

When one considers the smallness, bad ventilation and bad construction of many of these bedrooms, it is obvious that the chances of the spread of the disease are great.

Latest information regarding the 49 cases who shared beds showed the position to be as follows :—

Cases have separate beds.	Shelter supplied.	Dead.	Not infectious.	No tubercle bacilli found.	Admitted Prees Heath Sanatorium.	Afterwards diagnosed non-tubercular.	Left County.	Unable to persuade husband and wife.
4	11	12	..	17	1	3	..	1

### MENTAL DEFICIENCY.

This branch of the work is being gradually extended and is taking up an increasing amount of the time of the medical officers, health visitors and clerical staff.

Mental defectives under 16 years of age, in whom the degree of defect is not so great as to prevent them being educable in Special Schools, are dealt with under the Education Act. All mental defectives over 16 years of age, and all uneducable mentally defective children under this age, are dealt with under the Mental Deficiency Acts. The position at the end of the year may be summarised as follows :—

### UNDER THE MENTAL DEFICIENCY ACTS.

Age.	Feeble-minded.	Imbeciles.	Idiots.	Unclassified.	Total.
Under 16 .. ..	31	56	15	13	115
16—40 .. ..	183	29	6	185	403
Over 40 .. ..	6	2	0	39	47
Age unknown ..	0	0	0	18	18
	220	87	21	255	583

Of these, 91 were in Institutions for Mental Defectives, 50 were in the Salop Mental Hospital, 196 were under supervision by health visitors, 41 did not require supervision, and 205, although ascertained, had not been medically examined.

### UNDER THE EDUCATION ACT.

The educable mentally defective (feeble-minded) children under the Education Committee were :—

In Special Schools	..	..	..	24
Awaiting admission to a Special School	..	..	..	9
Under supervision by School Nurses	..	..	..	116
				<hr/>
				149

There were, in addition, 123 children who were either considered mentally defective but had not been medically examined, or in whom a final decision had not been arrived at.

### VENEREAL DISEASE.

The scheme for the treatment of Venereal Disease consists of :—

(1) Provision of facilities for diagnosis in connection with the Birmingham and Bristol Universities and at the County Clinic.

(2) Provision for treatment at—

(a) The County Council Clinic, Belmont, Shrewsbury.

(b) Wolverhampton and Staffordshire General Hospital.

(c) Arrangements with the surrounding hospitals.

(d) Arrangements by which girls without homes and suffering from venereal disease can be sent to a Home at Wolverhampton provided by the Lichfield Diocesan Society, for treatment and training ; the Home also provides treatment for pregnant women suffering from venereal disease.

(3) Arrangements for supplying Salvarsan substitutes to Medical Practitioners.

(4) The formation of a Propaganda Committee as a Branch of the Social Hygiene Council, and the formation of nine sub-branches to cover the County.

No subsidiary clinics have been started, and now that the great post-war increase of Venereal Disease has passed away there does not seem to be the same necessity.

The School Medical Service and the Child Welfare Centres are utilised for finding out cases of venereal disease, particularly hereditary syphilis, and following them up. Sixteen such cases have been referred for treatment during the year.

A definite effort is at present being made to get the mothers of infants with Ophthalmia Neonatorum to the Clinic for treatment.

Four mothers were brought from the hospital during the year to the clinic for the purpose of examination and treatment if necessary.

### CASES OF VENEREAL DISEASE TREATED IN 1927.

Shrewsbury Clinic.						Wolverhampton and Staffordshire General Hospital. Shropshire Patients.			
Cases. Attendances.						*Cases. Attendances.			
		M.	F.	M.	F.				
Syphilis ..	..	75	50	483	548	Syphilis ..	..	2	
Gonorrhoea ..	..	137	69	2272	1003	Gonorrhoea ..	..	18	
Other conditions		54	38	107	50	Other conditions	..	19	
Total ..		266	157	2862	1601			39	1288

\* These numbers only refer to cases attending for the first time in 1927.

The marked decrease of syphilis that has taken place in recent years still continues, although not at such a high pace. In view of the fact, however, that it is not yet notifiable, it is impossible to say to what extent the problem is being met, and there is no doubt that much avoidable ill-health is due to failure to take advantage of the facilities provided for obtaining treatment.

Nature of Test.	Number of tests.			
	Bristol University.	Birmingham University.	Shrewsbury Clinic.	Wolverhampton and Staffordshire General Hospital.
For detection of gonococci ..	3	21	221	61
For detection of spirochetes ..	1	0	0	0
For Wassermann reaction ..	197	435	0	79
For Gonococcal Complement Fixation Test .. ..	1	0	0	0

*Cleveland House, Wolverhampton.*—This Hostel is now available for girls and women suffering from venereal disease, whether pregnant or not, who cannot receive proper treatment in their own homes. It has proved most useful, and the work, particularly in the treatment of pregnant women in order to save the infants from disease, is of fundamental importance. During the year eight cases were admitted from the County, three being pregnant women. Six patients were suffering from gonorrhoea, one from syphilis and gonorrhoea, and one was finally certified as non-venereal.

#### GOITRE.

Although there is a considerable amount of goitre in the County, the only figures which are available are those for school children. Of those examined during the year, it was found present in 0.3 per cent. of the boys, and 1 per cent. of the girls.

The amount of goitre in school children, therefore, is not large, but it was chiefly in the older children that it was found. Judging by the amount of goitre one sees in adults, chiefly in young women, by far the larger proportion of goitres must develop after school age.\*

While there is some difference of opinion as to the exact causation of simple goitre, the principal basal factor would seem to be an inadequate supply of iodine to meet the demands of the body; and it seems to have been conclusively shown that, by the addition of a small quantity of iodine to the water, or to an article of diet, the development of goitre can be avoided. It is probable that in a "goitrous" district iodine is lacking in the soil, and as a result is present in insufficient quantities in the water, and possibly also in the local vegetation. As there is a very considerable deficiency of iodine in the body before any visible enlargement of the thyroid gland takes place, the general health may be considered to have been suffering to a corresponding extent, and the liability to infectious and other diseases also to have increased. It is at times when there is an increased demand for thyroid secretion, such as pregnancy and lactation, and during adolescence, that the condition is most likely to make itself manifest. A wise preventive measure on the part of those living in a goitrous area would be to make use of one of the forms of iodised salt at present on the market. The part played by iodine in the metabolism of the body is not fully understood, but it is known to be important.

## BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Examinations are made by the Birmingham University under an agreement with the County Council.

QUARTERS OF 1927.				FOR TYPHOID FEVER. WIDAL'S REACTION.		FOR DIPHTHERIA.		FOR PHTHISIS.	
				Positive.	Negative.	Positive.	Negative.	Positive.	Negative.
First	..	..	..	0	4	95	165	8	69
Second	..	..	..	0	4	40	143	13	78
Third	..	..	..	12	70	74	226	11	69
Fourth	..	..	..	5	39	176	470	12	64
Whole Year .. ..				17	117	385	1004	44	280
				134		1389		324	

Twenty-three other disease products were examined and reported on.

Two hundred and eighty-three specimens of sputum were examined at the Tuberculosis Dispensary with the following results : 66 positive, 217 negative. In addition, two specimens of blood and one of urine were examined for tubercle, the results being negative.

The following is a quotation from last year's report :—

*" Suggested County Laboratory.*—The necessity for a County Laboratory has been before the Public Health Committee on several occasions, but financial restrictions following the War have prevented the matter being brought fully under consideration. There are very great advantages in having a local laboratory instead of sending away specimens to laboratories situated at a distance.

" A laboratory would not only provide for the routine examination of disease products such as sputum for tubercle bacilli, blood for typhoid fever, swabs for diphtheria and similar examinations for cerebro-spinal meningitis, etc., but would prepare suitable vaccines for treatment and would give that scientific laboratory help to general practitioners that is so essential to efficient medical practice.

" Easy consultation between the practitioners and the head of the laboratory is very important and can only be provided if the laboratory is readily accessible.

" One branch of the work is likely to be greatly extended in the future owing to the Milk and Dairies Act, viz., the bacteriological and biological examination of milk for tubercle, for general bacterial contamination and for dirt. It is not suggested that the laboratory should undertake examinations under the Food and Drugs Acts or the chemical examination of water."

## ISOLATION HOSPITALS.

The hospitals at present existent in the County are—

Shrewsbury and Atcham Joint Hospital—brick building, 26 beds—serving Shrewsbury Borough and Atcham District.

Bridgnorth Hospital—corrugated iron building, lined with match boarding, on brick foundations, 17 beds—serving Bridgnorth Borough.

Drayton and Blore Heath Hospital—corrugated iron building, 16 beds—serving Drayton Urban and Rural Districts and Blore Heath.

Newport Hospital—brick building, 4 beds—serving Newport Urban District.

Oswestry—Morda Hospital—brick building in the Workhouse grounds, 32 beds—serving the area of the Oswestry Incorporation.

*Small-pox.*—The County Council is responsible for the isolation of small-pox for the whole county with the exception of the Boroughs of Shrewsbury and Wenlock, and the Rural District of Teme. This power was obtained by a Special Order of the Ministry of Health made under the Public Health (Prevention and Treatment of Disease Act, 1913). Three hospitals situated at Whitchurch, Wellington and Ludlow, were taken over from the local authorities and were put in order for the immediate reception of patients. In the absence of small-pox in the county, the Whitchurch hospital is used for advanced cases of consumption.

#### SUMMARY OF THE SMALL-POX HOSPITAL ACCOMMODATION FOR THE COUNTY.

Sanitary Districts Served.	Situation of Hospital.	No. of Wards	Total cubic space of Wards	No. of Beds.	Administration.	Structure.
(1) Shrewsbury Borough.	Underdale Road, Shrewsbury.	2	..	6	Two Nurses' bedrooms, and two kitchens in ward blocks, cottage with 3 bedrooms.	Wood and iron on brick foundations.
(2) Teme Rural—Knighton Urban. Knighton Rural.	Knighton Rural District.	3	3224	5	One kitchen, scullery, one nurses' bedroom, a wash-house, and a discharging room.	Brick.
(3) Wenlock Boro'	The Batches, Broseley.	3	9000	7	Nurses' sitting room, one bedroom, kitchen scullery, larder, wash-house and coal store.	Wood and iron on brick foundations.
(4) The rest of the County.	(a) Wellington Rural District.	2	10800 Also one hut with 4 rooms each 15ft. by 15ft.	8	Nurses' sitting room, two nurses' bedrooms kitchen, scullery, larder, ambulance, shed, wash-house, coal store, earth closet.	Wood and iron on brick foundations.
	(b) Ludford Parish, Ludlow.	2	7560	6	Nurses' sitting room, one bedroom, kitchen, wash-house, larder, ambulance shed.	Wood and iron, supported by wooden piles.
	(c) Prees Higher Heath.	2	10400 Also one hut with 4 rooms, each 15ft. by 15ft., and one hut 60ft. by 20ft., one room.	8	Kitchen in the Ward block, and an administrative block with 4 rooms for nurses, kitchen, scullery and 2 bedrooms for care-takers.	Wood and iron on brick foundations.

## EDUCATION IN HEALTH.

No general scheme of public health education has been drawn up, but more attention is being given to this branch of the work in all our public health schemes. The following courses of lectures were arranged :—

LECTURES TO HEALTH VISITORS, DISTRICT NURSES, MIDWIVES, etc. :—A course of six lectures, which was very well attended, was given in the early summer. The lecturers were—

Dr. Stella Churchill, Chiswick.

Dr. Leonard G. Parsons, Birmingham.

Miss Margaret French, late superintendent of the Paget House Midwifery Training School.

LECTURES TO SANITARY INSPECTORS :—A course of ten lectures was given on *Meat Inspection* by Mr. Speake, Sanitary Inspector, Borough of Shrewsbury. Twenty-three of the Sanitary Inspectors attended, and the average attendance was 13. After each lecture practical demonstrations were given in the Shrewsbury Abbatoir.

A course of nine lectures and demonstrations on the *Methods of Production of Clean Milk* was given by members of the staff of the Harper-Adams Agricultural College. The average attendance was 18.

## MILK.

*Milk and Dairies (Consolidation) Act.*

Procedure under this Act has so far been limited to investigation of all cases of tuberculous milk reported by outside authorities. On these occasions, the farms are visited by Veterinary Surgeons, all the cows examined, and milk from the suspected cows submitted for bacteriological examination. Afterwards, the diseased animal is dealt with under the Tuberculosis Order.

During the year, 12 notifications were received from outside Authorities, investigation into which resulted in the detection of 12 tuberculous cows. These animals were destroyed under the Tuberculosis Order.

No arrangements were made during the year for systematic sampling of milk for tubercle, or for systematic veterinary inspection of milch cows.

*Milk (Special Designation) Order.*

Six producers were licensed to sell Grade "A" milk during the year. Three producers were licensed by the Ministry to sell tuberculin-tested milk, but one licence was afterwards revoked.

## FOOD AND DRUGS.

During the year 1927 the Police took the following samples for analysis under the Food and Drugs Acts :—210 samples of milk, 4 of jam, 3 of potted meat, 2 of oatmeal, 3 of butter and 2 of pepper, making 224 samples in all.

In connection with these, 14 vendors were cautioned, in five cases proceedings were taken, four were fined, and one case was dismissed.

The total amount of fines and costs ordered to be paid was £15 6s. od.

Report of administration in connection with the Public Health (Milk and Cream) Regulations, 1912, for the year ended December, 1927 :—

1. Milk and Cream not sold as Preserved Cream—

Number of samples examined for  
the presence of a preservative.

Number in which a preservative  
was reported to be present.

Milk .. .. . 160

Nil.

2. Cream sold as Preserved Cream—Nil.

## BLIND PERSONS ACT, 1920.

The County Council works through the County Association for the Blind for the supervision of all blind persons in the County except blind workers, and through the Birmingham Royal Institution for the Blind for the supervision of blind workers. The education of blind children and the training of blind adults is undertaken by the Education Committee. The County Council makes a grant of £600 towards the funds of the County Association.

## REGISTER OF BLIND PERSONS ON MARCH 31ST, 1928.

Age Periods.	Male.	Female.	Age Period.	Male.	Female.
0—5	1	0	40—50	24	5
5—16	13	7	50—60	21	18
16—21	4	6	60—70	27	22
21—30	12	11	70 and over	39	45
30—40	16	5	Total ..	157	119

The cause of blindness in these cases has not been investigated, but speaking generally blindness under one year of age is either due to ophthalmia neonatorum or to congenital defects. Blindness commencing over 50 years of age is to a large extent due to degenerative causes such as cataract, whereas in the intermediate ages a considerable proportion of the blindness has probably been due to accident. The excess of blindness in males over females between the ages of 21 and 50 (males 52, females 21), is strong evidence of this.

The following statement is from the report of the Shropshire Association for the Blind for the year ended March 31st, 1928 :—

No. on Register, 31/3/27	..	..	..	..	..	259
Added during the year :—Discovered	..	44				
Came to Salop	..	2				
		—				46
Being trained	..	..	..	..	..	26
Home workers..	..	..	..	..	..	17
Old Age Pension secured for	..	..	..	..	..	9
Number of pensions awarded	..	..	..	..	..	70
Railway fares paid for patients	..	..	..	..	..	5
Left County	..	..	..	..	..	6
Deaths	..	..	..	..	..	23
Total on Register 31st March, 1928	..	..	..	..	..	276